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passport
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APPLICATION FORM

**SHORT COURSE ON CULTURAL RESEARCH PRACTICES FOR
POPULATION HEALTH**

FOR OFFICIAL USE ONLY

- Applicant is advised to completely fill the form clearly in capital letters.
- Please use "NIL" or "N/A" where applicable.
- Tick (✓) where applicable

Reference No. : _____

Received : _____

Checked : _____

1. PERSONAL DETAILS

First Name:	Date of Birth: Day Month Year
Second Name (family name/surname):	Nationality: Malaysian <input type="checkbox"/> Other
Country of residence:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Identification number:	Passport number:

2. ORGANISATION / HOME CONTACT DETAILS

Mailing address	
Telephone number (including country code)	
Email address	
Organisation name/address	
Position/job title	

3. APPLICANT'S DECLARATION

I, _____ of _____

Name of applicant

Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
- c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics.
Participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia; and
- d) For pregnant female applicants only: I am _____ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) return to my home country upon completion of the training; and
- d) discontinue the course should I be found guilty of misconduct or be medically unfit.

Date

Signature of Applicant

Name (in full): _____