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| **Application Form for:** (pLEASE √ IN THE GROUP THAT YOU ARE APPLYING FOR)[ ] group 1 (2-22 sep 2018 - SINGAPORE & 22 SEP – 3 oct 2018 – indonesia) [ ] group 2 (2-22 sep 2018 - SINGAPORE & 22 SEP – 3 oct 2018 – philippines)[ ] group 3 (2-22 sep 2018 - SINGAPORE & 22 SEP – 3 oct 2018 – thailand)[ ] group 4 (2-22 sep 2018 - SINGAPORE & 22 SEP – 3 oct 2018 – vietnam)Affix recent photo |
| **A: personal Particulars** |
| Name (as in identity card/passport): |
| Gender: | Date of Birth: | Country of Birth:  |
| Nationality: | Race: | Religion: |
| Home Tel: | Mobile phone no: | Email address: |
| Address: |
| Name of Institution: | Course of Study and Year: | GPA (based on 4 pts): |
| Language(s) Written:Language(s) Spoken: |
| Passport no:*\*Please attach photo/scan of information page of passport.* | Date of issue: | Date of expiry: *\*Passport must be more than 6 months valid from date of travel* |
| T-shirt size: | Dietary preference: Vegetarian / Halal / No preference  |
| **B: MEDIcal and Health Records** |
| Blood type : \_\_\_\_\_\_ |
| It is particularly important that any pulmonary, nervous or mental trouble, asthma related respiratory disorder, cardiovascular problem, previous prolonged ill-health, allergy, etc. should be stated. |
| Description of any drug allergy: |

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| **C: EMERGENCY CONTACTS** |
| **1st Emergency Contact Point:** |
| Full Name: (Please underline Surname) | Relationship: |
| Mobile: | Office: | Email: |
| Language(s) Spoken: |
| **2nd Emergency Contact Point:** |
| Name:(Please underline Surname) | Relationship: |
| Mobile: | Office: | Email: |
| Language(s) Spoken: |
| **D: Declaration** |
| I declare that the above statements and those on the attached sheets are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact. I allow the organiser to use this information in any way deemed necessary for the purpose of facilitating my application for the ASEAN Youth in Action Programme. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant and Date |
| **E: Parent’s/Guardian’s consent**  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent to the (Name in Capital letters as in your identity document) (Identity document No)participation of my child/ward\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the  (Full name of child/ward)Temasek Foundation International Specialists’ Community Action and Leadership Exchange (SCALE): [ ] Group 1 (\*22 Sep – 3 Oct 2018) Thailand - Singapore [ ] Group 2 (\*22 Sep – 3 Oct 2018) Vietnam - Singapore [ ] Group 3 (\*22 Sep – 3 Oct 2018) Indonesia - Singapore [ ] Group 4 (\*22 Sep – 3 Oct 2018) Philippines - Singapore \*The dates of the programme include travelling.     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/ Guardian\* and Date\*delete accordingly |

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| **F: ESSAY (not more than 250 words)** |
| Why I would like to join the Temasek Foundation International Specialists’ Community and Leadership Exchange (TFI SCALE) programme and how I would contribute to the programme?  |

Photo/scan of information page of passport.