



Guidelines of Application Form for the Practical and Technical Training Course on "Occupational Hygiene and Safety"

The attached form is to be used to apply for the training programs of the OIC Occupational Safety and Health Network (OIC-OSHNET). Please complete the application form while referring to the following information.

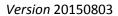
1. How to complete the Application Form

In completing the application form, please be advised to:

- a. Use a computer in completing the form.
- b. Fill in the form in English.
- c. Attach a picture of the Nominee.

2. Privacy Policy

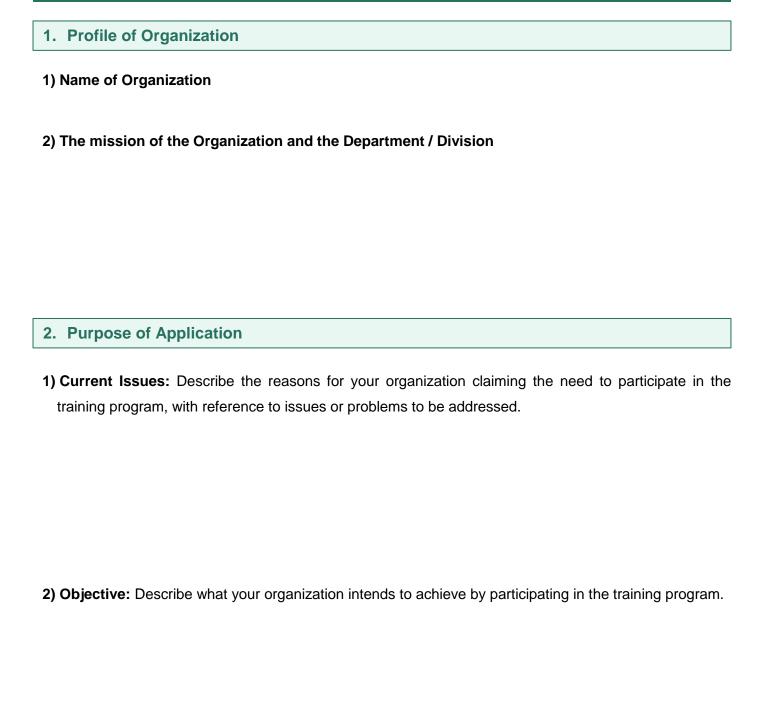
Any information used for identifying individuals that is acquired by OIC-OSHNET will be stored, used, or analyzed only within the scope of OIC-OSHNET activities. OIC-OSHNET reserves the right to use such identifying information and other materials in accordance with the provisions of this privacy policy.





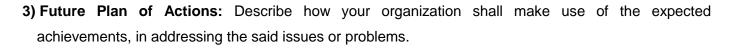
Application Form for the OIC-OSHNET Training Program

Information on the Applying Organization





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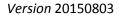
4) Selection of the Nominee: Describe the reason(s) the nominee has been selected for the said purpose, referring to the following view points; 1) Course requirement, 2) Capacity/Position, 3) Plans for the candidate after the training program, 4) Plan of organization and 5) Others.



Information about the Nominee

1. Personal Data

Surn	ame:										
First	First Name:										
Gend	der:	Male			Female	, [Attach the nominee's photograph		
Natio	onality:										
Date	of birth:	Day		Month		Ye	ear				
Cont	act Inforn	nation									
		Address	:								
Offic	e	Tel: Mobile (Cell Pho									
		E-mail:									
		Address	:								
Hom	е	Tel:			1	Mobile (Cell Phone):					
		E-mail:									
		Name:									
Cont	tact	Relationship to you:									
pers	on in	Address:									
emei	rgency	Tel: Mobile (Cel						Phone):			
		E-mail:									
Туре	of the Or	ganizatio	on								
	National Governmental			Local Governmental					Public Enterprise		
	Private (profit)			NGO/F	NGO/Private (Non-profit)				University		
	Other										





Educational Record

	0:1.1	Per	riod				
Institution	City/ Country	From To Month/Year		Degree obtained	Major		

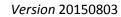
Job Record

	City/	Per	riod		Brief Job Description		
Organization	Country	From Month/Year	To Month/Year	Position or Title			

Outline of Duties: Description of your work including your responsibility.

Training or Study in Foreign Countries

	City/	Per	riod				
Institution	Country	From Month/Year	To Month/Year	Field of Study / Program Title			





2. Expectation on the A	pplied Training	Program
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1) Personal Go organizational	•	d to achieve in th	e applied training program in re	elation to the			
2) Relevant Experience: Describe your previous vocational experiences which are highly relevant in the themes of the applied training program.							
3) Area of Interestraining progr		particular interest	with reference to the contents o	f the applied			
4) Have you participated in similar training program before? Yes No							
Nam	ne of program		Organizer	Year			
3. Declaration	n						
I certify that the solid accepted for the analysis and the solid algorithms are solid algorithms.	statements I made in this form e program, I agree: sent any report which may be such instructions and abide by and the host government reg	e required, such conditions arding the prograi	rect to the best of my knowledge as may be stipulated by both the m, tution or establishment that imp	e nominating			
I certify that the solution of	statements I made in this form e program, I agree: sent any report which may be such instructions and abide by and the host government reg	e required, such conditions arding the prograi	as may be stipulated by both the	e nominating			





Medical History and Examination

1. F	1. Present Status																
1) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)																	
١	No Yes If yes → Name of Medication Quantity																
2) Are	you	pregn	ant?														
1	No Yes If yes → Months																
3) Are	you	allerg	ic to a	any me	dication	n or f	ood?										
1	No	Y	⁄es	If yes -	>	N	Medication		Food		Other:						
4) Plea	4) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.										ties.						
2. N	Medi	cal H	istor	у													
1) Have you had any significant or serious illness? (If hospitalized, give place & dates.)																	
Past:			No		Yes	If y	es → Nam	e of III	ness						Year	\top	
Prese	nt:		No		Yes	If y	es → Prese	ent Co	ndition	•							
2) Hav	ve yo	u eve	r bee	n a pati	ient in a	a me	ntal hospita	al or b	een trea	ated b	y a psy	chiat	rist?				
Past:			No		Yes	If y	es → Nam	e of III	ness						Year		
Prese	nt:		No		Yes	If y	es → Prese	ent Co	ndition								
3) Hig	h blo	od pre	essur	е													
Past:	Past: No Yes																
Prese	nt:		No		Yes	If y	es → Prese	ent Co	ndition			mm/	Hg to			m	m/Hg
4) Dia	betes	s (sug	ar in t	the urin	ne)												
Past:			No		Yes												
Present: No Yes If yes → Present Condition																	
Present: No Yes Are you taking any medicine or insulin? Yes					,		No										



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5) Past History: What illness(es) have you had previously?

	Stomach and Intestinal Disorder		Liver Disease		Heart Disease		Kidney Disease
Tub	Tuberculosis		Asthma	Thyroid Problem			
Infe	ctious Disease →	Specify name					
Oth	er → Specify						

6) Other: Any restrictions on food and behavior due to health or religious reasons?

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may result in termination of the program.

Date:	Name	Signature

Official Declaration By The Nominating Government

On behalf of the Government of

I certify that:

- a) I have examined the form and I am satisfied that applicant has adequate background;
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey and to remain in host country for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his period of stay in host country, he would be personally liable for all medical expenses incurred;
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr./Mr./Mrs./Ms.)

for the training course.



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Name	
Designation	
Organization	
E-mail	Signature

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.