

**ADCC**Enhancing Capacity in Development  
Asia-Pacific Development & Communication Centre**APPLICATION FORM**Print and Scan this form and email to [adcc@dpu.ac.th](mailto:adcc@dpu.ac.th)

You may also save to pdf and email to us directly.

Paste your ID picture  
here\*Picture must be taken within the  
last 6 months and taken in full-  
face view (directly facing the  
camera).

Email the file as an attachment

Course Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Others (ex. Engr.) _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name <i>(capital letters as shown on passport)</i>			
Country of Residence:		Nationality:	
Current Position:		No. of years in this position:	
Organization:			
Department/Division:		Unit/Office:	
Office Address:			
Office Phone No.		Home Phone No.	
Mobile (for urgent matters)		Email (work):	
Email (Personal)		Facebook/LinkedIn:	
English Proficiency	<input type="checkbox"/> Native	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner
Education	<input type="checkbox"/> Vocational .....	<input type="checkbox"/> Master .....	<input type="checkbox"/> Doctorate .....
<input type="checkbox"/> Bachelor .....			
Briefly describe your current job responsibilities and your reason for applying in this course. <i>(Please feel free to use the next page (or back of this page) to answer this part.)</i>			

Passport Details <i>(Email us scanned copy)</i>	Name on Passport:		
	National Passport No.		
	Date of Issue:	Valid until:	Place of Issue:
	Date of Birth:	Place of Birth:	UNLP holder: <input type="checkbox"/> NO <input type="checkbox"/> YES
Letter for Visa Application	<input type="checkbox"/> Required <i>(Pls. specify where you will collect your visa)</i>		
	<input type="checkbox"/> No <i>(I don't need to apply for a visa to travel to Thailand)</i> Country ..... City .....		
Hotel Accommodation	<input type="checkbox"/> Required <input type="checkbox"/> Single Room <input type="checkbox"/> Twin Room (Shared) <input type="checkbox"/> Not required. <i>(I will arrange my own accommodation.)</i>		
ADCC Alumni	Have you attended training at ADCC in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, pls. write the Course title</b> <b>Dates taken</b>		
Diet Restriction	<input type="checkbox"/> None <input type="checkbox"/> Muslim/Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Allergic to <i>(Pls. specify)</i>		
How did you hear about ADCC training?	<input type="checkbox"/> ADCC Marketing Email <input type="checkbox"/> ADCC Brochure <input type="checkbox"/> Website/Search Engine <input type="checkbox"/> From my friends, colleagues, family, boss, etc. <input type="checkbox"/> Others <i>(Pls. specify)</i>		

**Sponsor****(For Candidates whose registration fees are paid for by his/her organization or another person)**

Name of Sponsoring Organization .....		
Name of Officer-in-Charge.....		Position.....
E-mail Address:	Office Phone:	Mobile:
Signature of Sponsor:		

**I understand the questions and contents of this form, and the information I have provided is true and correct.**

Applicant's Signature .....

Date.....