

**ASEAN Cancer Registry forum 2018 – 19-21 March 2018, Bangkok, Thailand**

**APPLICATION**

**GENERAL INFORMATION**

1 Name of the Applicant Title  Dr  Mr  Mrs  Miss

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Name denoted by initials: \_\_\_\_\_

\_\_\_\_\_

2 National Identity Card Number: \_\_\_\_\_

3 Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

4 Age as at application deadline: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

5 Have you submitted any abstract/s to the Cancer Registry Forum 2018?: Yes  No

If yes, give the title/s of the abstract/s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SERVICE INFORMATION**

6 Date of first appointment to the Depart. of Health: \_\_\_\_\_ (DD/MM/YYYY)

7 Confirmed in the service?: Yes  No

If yes, Date of confirmation: : \_\_\_\_\_ (DD/MM/YYYY)

8 Current place of work: \_\_\_\_\_

9 Designation: \_\_\_\_\_

10 Describe how does you currently involve in cancer registration

**CONTACT DETAILS**

11 Private Address: \_\_\_\_\_

\_\_\_\_\_

12 Official Address: \_\_\_\_\_

\_\_\_\_\_

13 Telephone: Office: \_\_\_\_\_ Residence: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax : \_\_\_\_\_

14 Email address: \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS**

15	Details of Diploma/ Degree/ Post Graduate qualifications (Attach separate paper if space not adequate)
1	
2	
4	
5	

16 Previous fellowships or official foreign visits during past 5 years (Attach separate paper if space not adequate)

Year	Country	Name of the programme	Duration

17 English Proficiency  Proficient  Good  Average  Poor

18 Applicant is currently physically and mentally fit to attend training:  Yes  No

19 Describe briefly, once you return to the country how will you utilize knowledge and skills gained during fellowship:

I certify that particulars given above are true and correct

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the applicant**

**Recommendation of the Head of Institution**

Recommended/ Not recommended

I certify that above particulars given in the application are true and correct. He/ she can be released if selected to follow the programme

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Head of Institution**

**Recommendation of the Head of the Decentralized Unit**

Recommended/ Not recommended

I certify that above particulars given in the application are true and correct. He/ she can be released if selected to follow the programme

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Head of the Decentralized Unit**