

Please complete all parts of this application form in BLOCK CAPITALS

**Brunei-U.S. English Language Enrichment Project for ASEAN:
English as a Foreign Language Fellows (ELF) Exchange Program**

1. PERSONAL DETAILS			
Name	<i>(as it appears in your passport)</i>		<i>(Affix a recent passport-sized photo here)</i>
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
I.D. No.	Place of Birth	City:	
		Country:	
Age	Date of birth <i>(dd/mm/yy)</i>		
Contact address	Street:		
	City:		
	State/Province:	Postal Code:	
E-mail address <i>(To be typed or clearly printed)</i>			
Skype address			
Telephone number		Mobile number	

2. EMERGENCY CONTACT DETAILS			
Name		Relationship	
Contact number			
Contact address			
E-mail Address <i>(To be typed or clearly printed)</i>			

3. ACADEMIC DETAILS <i>(Please state your highest academic degree)</i>			
Name of institution/ university	<i>(Complete Name: Do not use abbreviations)</i>		
Field of study			
Date awarded		Degree awarded	

4. ENGLISH LANGUAGE PROFICIENCY <i>(IELTS, TOEFL, or equivalent)</i>		
Name of examination/ test	Date awarded	Score/ Grade

5. EMPLOYMENT DETAILS <i>(You may use a separate sheet of paper)</i>			
Current Employment			
Position Title			
Date of Appointment		Division	
Date of Confirmation			
Place of Work		Contact number:	(Off.)
			(Ext.)
			(Fax)
Employment Address			
E-mail Address <i>(To be typed or clearly printed)</i>			

7. PERSONAL PROFILE

(You may use a separate sheet of paper)

Current Occupation and Organisation:

Professional Background (noting accomplishment or specific projects of note):

Please discuss the following: (in approximately 100 words for each section)

A) Future Professional Plans:

B) Commitment to home country and ASEAN:

C) Why should you be selected into this program:

8. MEDICAL REPORT*(To be completed by an authorised physician)*

Name of applicant:					
Age:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Height:		Weight:
Blood group:	A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other <input type="checkbox"/>				
Is the person at present in good health?			Is the person free of infectious diseases (AIDS, tuberculosis, etc.)?		
Is the person examined physically and mentally fit to carry out training away from home for ten months?			Does the person examined have any condition or impairment, skin diseases, etc. (including teeth) that might require treatment during the program?		
List any abnormalities indicated in the chest x-ray.			Pregnancy test (for women)		
I certify that the applicant is medically FIT / UNFIT (<i>please circle</i>) to undertake a program in any ASEAN country.					
Name of physician					
Address of clinic					
Contact number		E-mail address			
Signature of physician		Seal of clinic			
Date					

10. DECLARATION AND SIGNATURE

I certify that the information in this application form and in all the support documents being provided as a part of this application is accurate and complete to the best of my knowledge.

Signature of nominee:		Date:	
-----------------------	--	-------	--

11. OFFICIAL DECLARATION

(To be completed by the Nominating Ministry / Department / Institution)

On behalf of the Government of Brunei Darussalam I _____
(Name of official), certify that:

- a) I have examined the entire document and accompanying certificates quoted by the nominee of this application and I am satisfied that they are authentic and related to the nominee;
- b) The nominee has been certified medically fit and free from infectious diseases by a qualified physician and there is no reason to suppose that the nominee is other than fit to undertake the journey to an ASEAN country for this program;
- c) The nominee has attained a level of proficiency in both spoken and written English to enable him/her to enrol in the program for which he/she is nominated.

I nominate (Mr/Mrs/Miss/Dr) _____ holding

Passport No.: _____

Name of official:		Designation:	
Signature:		Date:	
Name of organisation:			
Address of organisation:			
Contact number:		E-mail Address	

12. HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW IN ANY COUNTRY?

Yes No

If 'yes' please provide details:

13. PHOTOGRAPH AND VIDEO AGREEMENT AND RELEASE FORM

In connection with the Brunei-U.S. Project with Universiti Brunei Darussalam (UBD) and with the East-West Center (EWC), I authorize UBD and the EWC to photograph, film or otherwise record and use my image and name in connection with related public information programmes and activities and for educational purposes.

Signature: _____

Name of Applicant: _____

14. CHECK-LIST:

(Please attach the following documents to your application form)

	Three (3) confidential letters of reference
	Curriculum vitae (one copy in Malay and one copy in English)
	Academic certificates (including transcripts)
	Passport-sized photo
	A copy of the page in your passport showing your personal details

Reminder:

- Application Forms and supporting documents must reach Universiti Brunei Darussalam via your ministry **no later than 8th April 2016.**
- Applicants **MUST** also complete the In-Service Training Forms obtainable from (<http://www.jpa.gov.bn/BPKL/Latihan%20Dalam%20Perkhidmatan.aspx>) and submit them together with the required supporting documents to the JPA via their Ministry's Human Resources Department.