



Please complete all parts of this application form in PRINT

Brunei-U.S. English Language Enrichment Project for ASEAN: 11-Week English Language Programme

PLEASE INDICATE THE COURSE THAT YOU WISH TO ATTEND BY TICKING THE BOX

Course I: English Enrichment and Professional Development for Teacher-Trainers

Course II: Professional Communication for Officers and Diplomats

1. PERSONAL DETAILS

| | | | |
|---|--|--|--|
| Name | <i>(as it appears in your passport)</i> | | <i>(Affix a recent passport size 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"/> | |
| Country 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> | | | |
| Telephone number | | Mobile number | |

2. PASSPORT DETAILS

(Please attach copies of your passport biodata page)

| | | | |
|--|---|--------------------------------------|--|
| Passport number <i>(If you do not have a passport, please apply for one as soon as possible and submit a copy to UBD.)*</i> | | | |
| Place of issue | | | |
| Issue date <i>(dd/mm/yy)</i> | | Expiration date <i>(dd/mm/yy)</i> | |
| Type of passport to be used for travel to Brunei and U.S.: | <input type="checkbox"/> Official <input type="checkbox"/> Regular | | |

***Important Reminder:**

Your passport must be valid for **at least six months** after the completion of the course and has at **least two blank pages**.

3. SPECIAL REQUIREMENTS

| | |
|--|--|
| Dietary requirements <i>(Please specify)</i> | |
| We do not discriminate against people with disabilities or medical needs and will make all reasonable effort to accommodate their needs. At the same time, please note that insurance coverage in Brunei and the U.S. does not cover pre-existing conditions (including pregnancy) and will involve co-payments by the participant. Participants will also be expected to sign a waiver of liability upon acceptance into the programme. | |
| Do you have any medical conditions that the university should know about? Information provided will not affect your admission into the programme. If yes, please specify what medical condition. If none, tick the box provided. | |
| Yes | <input type="checkbox"/> Please Specify: _____ |
| None | <input type="checkbox"/> |

4. EMERGENCY CONTACT DETAILS

(Please give details of your contact in case of any emergency while you are in Brunei Darussalam and the U.S.)

| | | | |
|---|--|--------------|--|
| Name | | Relationship | |
| Contact number | | | |
| Contact address | | | |
| E-mail Address <i>(To be typed or clearly printed)</i> | | | |

| 5. ENGLISH LANGUAGE PROFICIENCY LEVEL <i>(for placement purposes)</i> | | | |
|--|---|-----------------------------------|---|
| Intermediate <input type="checkbox"/> | Upper Intermediate <input type="checkbox"/> | Advanced <input type="checkbox"/> | Upper Advanced <input type="checkbox"/> |
| Have you taken an IELTS exam or any other English-proficiency tests? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If so, please indicate the date, the test/exam, and the result: | | | |
| Date | | Test/ Exam | |
| Overall Band Score: <i>(Please submit a copy of your score report with this application form.)</i> | | | |

| 6. 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 | |
| <p>*Please indicate if any previous degree was acquired at an English-based university in the United Kingdom, the United States, Canada, Australia, or New Zealand.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Please specify:</p> <p>Name of institution: _____</p> <p>Year of study : _____</p> <p>Duration of study : _____</p> | | | |

7. EMPLOYMENT DETAILS*(You may use a separate sheet of paper)***Current Employment**

| | | | |
|--------------------|-----------------|--------------|--|
| Position Title | | | |
| Institution | | | |
| Employment Address | Street: | | |
| | City: | | |
| | State/Province: | Postal Code: | |

Description of Duties:

For Officer & Diplomats: National Provincial Municipal Other: _____
 For Teacher-Trainers: Elementary Secondary University Other: _____

Employment History

| Organisation/ Department | Designation | Nature of Job | Period (dd/mm/yy) | |
|-----------------------------|-------------|---------------|-------------------|----|
| | | | From | To |
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| 8. MEDICAL REPORT * <i>(To be completed by a certified/authorised physician)</i> | | | | | |
|---|---|--|---|--|--------|
| 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 intensive training away from home for three months? Activities may include but are not limited to long-distance air travel, field trips that require individuals to be physically fit (e.g. for jungle trekking). | | | Does the person examined have any condition or impairment, skin diseases, etc. (including teeth) that might require treatment during the programme? | | |
| List any abnormalities indicated in the chest x-ray. | | | Pregnancy test (for women) If positive, please indicate her terms of pregnancy on the following dates: 5 th September 2014: 24 th October 2014: 22 nd November 2014: | | |
| I certify that the applicant is medically fit to travel and undertake a rigorous 11-Week Programme in Brunei Darussalam and the U.S. | | | | | |
| Name of physician | | | | | |
| Address of clinic | | | | | |
| Contact number | | E-mail address | | | |
| Signature of physician | | Seal of clinic | | | |
| Date | | | | | |

****Successful applicants will be required to take a second medical check in compliance with the programme requirements. Details will be sent together with the offer letter.***

9. PERSONAL PROFILE

(You may use a separate sheet of paper)

Current Occupation and Organisation:

Educational Background:

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

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

A) Future Ambitions:

B) Commitment to home country and ASEAN:

C) Why you should be selected into this programme:

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

Yes No

If 'yes' please provide details:

11. 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: _____

12. NOMINEE DECLARATION AND SIGNATURE

I _____ (name) of _____ (country)
declare that:

- (a) All information contained 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;
- (b) I am medically fit and free from any medical problems which may impair my ability to complete the training in Brunei Darussalam and the U.S.;
- (c) **For expecting female applicants only:** I am ____ months pregnant and **am / am not** certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Brunei Darussalam and the U.S.; and
- (d) I will be personally liable for all medical expenses incurred during my stay in Brunei Darussalam and the U.S., other than those covered under Group Personal Accident or any equivalent insurance policies offered by The Brunei-U.S. English Language Enrichment Project for ASEAN 11-Week English Language Programme. This insurance **does not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in both Brunei Darussalam and the U.S.

If accepted for the training programme, I undertake to:

- (a) Carry out instructions and abide by such terms and conditions as may be stipulated by nominating and host governments in respect of this training programme;
- (b) Strictly observe course schedules and not miss any training session and organised activities;
- (c) Abide by the rules and regulations of the training institutions in which I undertake to study in or be trained under;
- (d) Refrain from engaging in any political activities and/or any form of employment for profit or gain;
- (e) Discontinue the course should I be found guilty of misconduct or be medically unfit (as advised by an accredited physician) to meet the requirements of the programme; and
- (f) Return to my home country upon completion of the training.

I fully understand that if I fail to comply with the terms and conditions of the training programme, and/or any of the above declaration are found to be untrue, the award will be terminated with immediate effect and I would be liable to depart from the host country of the programme at my own expense.

Signature of
Nominee

Date

13. LETTER OF INDEMNITY

To:

The Government of His Majesty the Sultan and Yang Di-Pertuan
Negara Brunei Darussalam

Dear Sir/Madam,

In consideration of your allowing me to do my training with the relevant Government departments/ statutory boards/ institutions in Negara Brunei Darussalam, I _____ of Passport Number _____ of _____ hereby declare that I shall be personally liable for and shall indemnify the Government of His Majesty the Sultan and Yang Di-Pertuan Negara Brunei Darussalam (hereafter, known as the Government of His Majesty) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statues or common law which may be made or taken against the Government of His Majesty or incurred or become payable by the Government of His Majesty in respect of any medical illness, personal injury (whether fatal or otherwise) to or the death of any person or in respect of any injury or damaged whatsoever to any property, real or personal arising out of or in the course of or by reason of my careless or negligence, omission or default during my training with the relevant Government departments/ statutory boards/ institutions in Negara Brunei Darussalam.

Dated this _____ (day) of _____ (month) 2014

| | | | |
|---|--|------------------------|--|
| Signature of Nominee | | Name of Nominee | |
| In the presence of: | | | |
| Signature of Witness (<i>Signee in Section 14</i>) | | Name of Witness | |
| | | Designation of Witness | |

14. OFFICIAL DECLARATION
(To be completed by the Head of School/Institution)

On behalf of the government of _____ (country) 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 is in good health and fully able to participate in the 11-week programme including travel to Brunei and the U.S.; and
- c) The nominee has attained a level of proficiency in both spoken and written English to enable him/her to enrol in the programme for which he/she is nominated.

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

Passport No.: _____

| | | | |
|---|--|-------------|--|
| Name of official | | Designation | |
| Signature | | Date | |
| Name of organisation | | | |
| Address of organisation | | | |
| E-mail Address <i>(To be typed or clearly printed)</i> | | | |
| Contact number | (country code) + (area code) + (office tel. no.) | | |
| Fax number | (country code) + (area code) + (office fax no.) | | |

15. CHECK-LIST:

(Please attach the following documents to your application form)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Two (2) copies of your passport biodata page (if you do not have a passport, it is advisable for you to apply soon and to provide evidence that you have applied). |
| <input type="checkbox"/> | Copies of your academic qualifications |
| <input type="checkbox"/> | Evidence of English Language Proficiency |
| <input type="checkbox"/> | Two (2) reference letters |

Reminder:

Completed 2014 Application Forms and supporting documents must reach the Ministry of Foreign Affairs and Trade, Brunei Darussalam by **30th April, 2014.**