

## APPLICATION FORM

Please type in capital letters. Do not leave any space blank. Use "N/A" when applicable.

<b>1. Title of the Training Program:</b>						<b>AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH HERE</b>					
<b>2. Applicants particulars</b>											
Salutation Dr/Mr/Mrs/Ms/Others (please select accordingly)											
Family Name											
Given Name											
Nationality						Date of birth (dd/mm/yy)					
Passport number						Passport Expiry Date (dd/mm/yy)					
Gender						Marital status					
Dietary Restrictions (if any)						Religion					
<b>3. Home Address</b>											
Country				State/Province				City/Town			
Postal Address						Postal Code					
Tel. No		Country code	Area code	Number		Mobile		Country code	Area code	Number	
Primary Email						Secondary Email					
<b>4. Office Address</b>											
Country				State/Province				City/Town			
Postal Address						Postal Code					
Tel. No		Country code	Area code	Number		Fax		Country code	Area code	Number	
<b>5. Person to be notified in case of emergency</b>											
Name				Relationship							
Address				Contact number		Country code	Area code	Number			
				Email							
<b>6. Beneficiary of Travel Insurance</b>											
Name				Relationship							
Date of birth (dd/mm/yy)											
Address				Contact number		Country code	Area code	Number			
				Email							
<b>7. Employment History</b> (starting with present position, i.e. in reverse chronological order)											
Organization	Department	Designation	Nature of Job	From (dd/mm/yy)	To (dd/mm/yy)						

<b>8. Educational Record</b> (starting with Higher Education, i.e. in reverse chronological order)					
Institution	Degree obtained	Major	From (dd/mm/yy)	To (dd/mm/yy)	
<b>9. English proficiency</b>					
	Excellent	Good	Fair	Poor	
Listening					
Speaking					
Reading					
Writing					
Certificate examples TOEIC: 700 TOEFL PBT: 550 TOEFL IBT: 83 IELTS: 6					
Other languages:		Excellent	Good	Poor	
<b>10. Profile of Organization</b>					
Name of Organization					
Type of Organization					
	National Government		Local Government		Public Enterprise
	Private		NGO		University
	Other (specify)				
<b>11. Present position and current duties</b>					
Department/Division					
Present position					
Date of employment by present Organization		Date	Month	Year	Date of assignment to the present position
Outline of duties: describe your current duties					
The mission of the Organization and the Department of Division					
Reason for applicant's selection					

The post which the applicant will be required to fill upon satisfactory completion of the training			
Relevance of the course to applicants job			
<b>12. Expectation of the applied training program</b>			
Personal Goal: Describe what you intend to achieve in the applied training program.			
Relevant experience. Describe your previous vocational experiences which are highly relevant in the themes of the applied training program.			
Area of Interest: Describe your subject of particular interest with reference to the contents of the applied training program.			
<b>13. Previous Attendance</b>			
Have you attended any courses sponsored under the Mexico–Japan Exchange Program for the Strategic Global Partnership previously? If yes, please state the title and date of course(s).			
Yes/No		Date (Year)	
Course title			

**13. Declaration (to be signed by the Nominee)**

I certify that the statements I made in this form are true and correct to the best of my knowledge. If accepted for the program, I agree:

- (a) not to bring or invite any member of my family,
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the Mexican Government regarding the program,
- (c) to follow the program, and abide by the rules of the institution or establishment that implements the program,
- (d) to refrain from engaging in political activity or any form of employment for profit or gain,
- (e) to return to my home country at the end of the activities in Mexico on the designated flight schedule arranged by the Mexican Institutions,
- (f) to discontinue the program if the Mexican institution and the applying organization agree on any reason for such discontinuation and not to claim any cost or damage due to the said discontinuation.
- (g) to consent to waive exercise of my copyright holder's rights for documents or products that are

produced during the course of the project, against duplication and/or translation, as long as they are used for the purposes of the program.

- (h) to observe Mexican laws and ordinances during my stay, if I violate Mexican laws and ordinances,
- (i) I will return the total amount or a part of the expenditure required for the training depending on the extent of the violation.
- (j) to approve the following privacy policy:

Information Security Policy in relation to Personal Information Protection.

- a) Mexican Government authorities will properly and safely manage personal information collected through this application form in accordance with its privacy policy and the relevant laws of Mexico concerning protection of personal information and take protection measures to prevent divulcation, loss or damages of such personal information.
- b) Unless otherwise obtained approval from an applicant itself or there are valid reasons such as disclosure under laws and ordinances, etc.

Print name			Signature	
Date	Day	Month	Year	

## MEDICAL HISTORY AND EXAMINATION

## 1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

( ) No	( ) Yes >> Name of Medication ( ), Quantity ( )
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(b) Are you pregnant?

( ) No	( ) Yes (                      months )
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>>	<input type="checkbox"/> Medication	<input type="checkbox"/> Food	<input type="checkbox"/> Other:
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(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( )

*Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the AMEXCID official in charge for a more detailed account of your condition.*

## 2. Medical History

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

Past:	( ) No	( ) Yes>>Name of illness ( ). Place & dates ( )
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Present:	( ) No	( ) Yes>>Present Condition (
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(b) Have you ever been a patient in a mental hospital or been treated by a psychiatrist?

Past:	( ) No	( ) Yes>>Name of illness ( ), Place & dates ( )
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Present:	( ) No	( ) Yes>>Present Condition ( )
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(c) High blood pressure

Past:	( ) No	( ) Yes
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Present:	( ) No	( ) Yes>>Present Condition ( ) mm/Hg to ( ) mm/Hg
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(d) Diabetes (sugar in the urine)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Present:	( ) No	( ) Yes>>Present Condition ( )
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( ) No	Are you taking any medicine or insulin?	( ) No	( ) Yes
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(e) Past History: What illness(es) have you had previously?

( ) Stomach and	( ) Liver Disease	( ) Heart Disease	( ) Kidney Disease
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Intestinal Disorder		
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( ) Tuberculosis	( ) Asthma	( ) Thyroid Problem
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( ) Infectious Disease >>> Specify name of illness ( )

( ) Other >>> Specify ( )

(e') Has this disease been cured?

	( ) No (Specify name of illness)
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( ) Yes Present Condition: ( )

**3. 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 not be financially compensated by the Mexican Government and may result in termination of the program.

Date:	Signature:
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Print Name: