



Please complete all parts of this application form electronically using the computer fillable option or 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 <input checked="" type="checkbox"/> THE BOX	
<input type="checkbox"/>	Course I: English Enrichment and Professional Development for Teacher-Trainers
<input type="checkbox"/>	Course II: Professional Communication for Officers and Diplomats

1. PERSONAL DETAILS			
Name	<i>(as it appears in your passport or official ID card)</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>			
Skype Address			
Telephone No.	Mobile No.		

2. PASSPORT DETAILS (Please attach copies of your passport biodata page)			
Passport Number (If you do not have a passport, please apply for one as soon as possible and submit a copy to UBD.)*			
Place of Issue			
Issue Date (dd/mm/yy)		Expiration Date (dd/mm/yy)	
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 until May 2016 for travelling to Brunei Darussalam and the U.S. Please ensure that your passport has at least two blank pages.

3. SPECIAL REQUIREMENTS	
Dietary Requirements (Please specify)	
<p>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) with the individual responsible for the full cost of any treatment. Co-payments may still be involved for medical expenses covered by the insurance provided. Participants will also be expected to sign a waiver of liability upon acceptance into the programme.</p>	
<p>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.</p>	
<p>Yes <input type="checkbox"/> Please Specify: _____</p>	
<p>None <input type="checkbox"/></p>	

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 (To be typed or clearly printed)			

5. ENGLISH LANGUAGE PROFICIENCY LEVEL

Have you taken an IELTS exam or any other English-proficiency tests?

Yes

Date of Exam / Test : _____

Name of Exam / Test : _____

Overall Band Score: _____

(Please submit a copy of your score report with this application form)

No

When you are going to take your Exam / Test: _____

Name of Exam / Test: _____

(Please submit a copy of your result no later than 15th May 2015)

6. ACADEMIC DETAILS

(Please state your highest academic degree)*

Name of institution/
university

(Complete Name: Do not use abbreviations)

Field of study

Date awarded

Degree
awarded

*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.

No

Yes

Please specify:

Name of institution: _____

Year of study : _____

Duration of study : _____

8. MEDICAL REPORT*(To be completed by a certified physician familiar with the applicant's medical history)*

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"/>				

Does the applicant have or have had in the past (if yes, please specify)

- a. Chest Pain / High or Low Blood Pressure / Heart Problems e.g. Heart murmur, extra heartbeat or other heart abnormality.
 No Yes, Please specify: _____
- b. Asthma / Bronchitis / Tuberculosis / Sinusitis / Other Lung Problem
(as indicated by chest x-ray dated: __ / __ / __.)
 No Yes, Please specify: _____
- c. Fits / Epilepsy / Fainting Attacks / Migraine / Severe Head Injury.
 No Yes, Please specify: _____
- d. Stomach / Liver (hepatitis) / Gallbladder Disease.
 No Yes, Please specify: _____
- e. Kidney or bladder condition, stone or blood.
 No Yes, Please specify: _____
- f. Hernia (rupture) / Genito-Urinary / Rectal Disorder.
 No Yes, Please specify: _____
- g. Diabetes, sugar in the urine.
 No Yes, Please specify: _____
- h. Bleeding Disorder / Blood Disease / Sickle Cell Anaemia.
 No Yes, Please specify: _____
- i. Tumor / Abnormal Growth / Cyst / Cancer.
 No Yes, Please specify: _____
- j. Tooth or gum disease (periodontal disease).
 No Yes, Please specify: _____
- k. Eye Problems / Poor Vision.
 No Yes, Please specify: _____
- l. Ear Problems / Hearing Impairment.
 No Yes, Please specify: _____

Physician Initial / Clinic Seal:

m. Skin Disease.

No Yes, Please specify: _____

n.

o. Joint disease or injury / Swollen or painful joints.

No Yes, Please specify: _____

p. Back Pain / Spinal Condition / Use of back brace.

No Yes, Please specify: _____

q. Depression / Anxiety / Other Psychological Symptoms.

No Yes, Please specify: _____

r. Gynaecological Disease / Abnormal Menses.

No Yes, Please specify: _____

s. A Carrier Status for any Infectious Disease.

No Yes, Please specify: _____

t. Medical Treatment within the last two years.

No Yes, Please specify: _____

u. Any operations.

No Yes, Please specify: _____

v. Allergy to Medicines / Food / Others.

No Yes, Please specify: _____

Does the applicant require the following:

a. Routine Medication.

No Yes, Please specify: _____

b. Treatment for any conditions or impairments during the programme.

No Yes, Please specify: _____

c. Special Diet

No Yes, Please specify: _____

After a complete and comprehensive medical examination, please indicate any conditions both physically and mentally that would affect the applicant's ability to carry out intensive training away from home for 3-month period. Activities may include but are not limited to long-distance air travel, field trips that require individuals to be physically fit (e.g. jungle trekking).

Physician Initial / Clinic Seal:

Pregnancy test (for women)

If positive, please indicate her terms of pregnancy on the following dates:

5th September 2015:

24th October 2015:

21st November 2015:

I certify that the applicant is medically **FIT / UNFIT** (*please circle*) 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			

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 Professional Plans:

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 statutes 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) 2015

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 Nominating Ministry / Department / 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	<i>(Complete Name: Do not use abbreviations)</i>		
Address of Organisation			
E-mail Address <i>(To be typed or clearly printed)</i>			
Contact Number	<i>(country code) + (area code) + (office tel. no.)</i>		
Fax Number	<i>(country code) + (area code) + (office fax no.)</i>		

15. CHECK-LIST:

(Please attach the following documents to your application form. Forms with incomplete or no supporting documents will not be processed.)

	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).
	Copies of your academic qualifications (including exam transcripts)
	Evidence of English Language Proficiency
	Two (2) reference / recommendation letters

Reminder:

Completed 2015 Application Forms and supporting documents must be submitted to the Brunei Mission / Embassy in your respective countries by 28th April 2015.