



# INDOCHINA MEDIA MEMORIAL FOUNDATION

## Application Form Multi-media Journalism Training Course *Ageing Asia* October 18 - November 15, 2008

please affix  
2 cm x 2 cm photo  
here

### Personal Information

*All applicants must have a good working knowledge of written and spoken English. This form is an important part of our selection so please fill out all sections completely.*

Family Name (Surname): \_\_\_\_\_ Given Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  Male  Female

Name of Publication: \_\_\_\_\_

No. of Copies Printed of Your Publication: \_\_\_\_\_  Monthly  Weekly  Daily

Office Address: \_\_\_\_\_

Office Phone: Country Code ( ) \_\_\_\_\_

Office Fax: Country Code ( ) \_\_\_\_\_

Mobile Phone: Country Code ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Home Address: \_\_\_\_\_

Home Phone: Country Code ( ) \_\_\_\_\_

Next of Kin (or contact in case of emergency): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address of Next of Kin: \_\_\_\_\_

Telephone of Next of Kin: Country Code ( ) \_\_\_\_\_

Mobile phone of Next of Kin: Country Code ( ) \_\_\_\_\_

## Work Experience

How many stories/articles do you write per month for your current publication?  1-10  11-20  21-30  over 30

Please describe the jobs you have done, starting with your current position. Include temporary and voluntary work if it is relevant to this training course.

Name and Address of Employer or Workplace	Job Title and brief description of responsibilities	Dates of Employment

## Previous Training/Scholarships

Have you previously attended any training courses or workshops in journalism or other related topics? If so, please give details below. (Please note that previous training is not a requirement for this course).

Title of Course or Name of Scholarship	Sponsoring Organisation	Training Location (City, Country)	Dates of Attendance

## Education

Please give details of schools and other educational institutions you have attended, major courses of study and whether or not the course of study was completed.

Name and Address of Educational Institution	Major Course of Study or Qualification Acheived	Completed (Yes or No)	Dates of Attendance

## Personal Skills & Abilities

Please answer each question completely and give details where appropriate.

What is your native (first) language? \_\_\_\_\_

Please indicate other languages that you speak and the level of fluency in each:  
(A=fluent, B= very good, C=fair, D=poor)

Language	Speak	Understand	Write	Read
1. ENGLISH				
2.				
3.				
4.				

Which computer programmes do you use? (for example, Microsoft Word, Adobe Photoshop, Microsoft Publisher, etc.)

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Can you play the guitar? \_\_\_\_\_



## Additional Skills and/or Requirements

Please list any hobbies, personal or professional interests that you have not described elsewhere in this application that may have bearing upon your suitability for this training course.

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Please list any specific topics or issues concerned with reporting on ageing or older people that you would like to see included in this course.

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Do you have any special dietary requirements? \_\_\_\_\_

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Do you have any physical limitations or chronic illness that would require special attention or emergency health care?

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Do you own a digital camera? If so, please write name and model (for example: Canon IXUS 40 IS)

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Have you applied to attend an IMMF course in past?     YES    NO

If YES, which course/s?    Course Name: \_\_\_\_\_

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

**DEADLINE FOR APPLICATIONS IS 28 JULY 2008.**

Please send this completed application form and **6 more photographs** (2 cm x 2cm) to:

Ms. Karin Madison  
Indochina Media Memorial Foundation  
TWF Building, 3F  
188 Mu 3, Soi Pha Muang  
Chotana Road, T. Chang Puak  
A. Muang, Chiang Mai 50300  
THAILAND

*(PLEASE NOTE THAT APPLICATIONS SENT VIA EMAIL WILL NOT BE ACCEPTED).*