



**Inter-Governmental International Organization  
COLOMBO PLAN STAFF COLLEGE FOR TECHNICIAN EDUCATION  
for Human Resources Development in Asia and the Pacific Region**

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## APPLICATION FORM

NOTE: Please type or print in block letters when filling out this form. Send completed form to your Ministry for action.

|                      |   |
|----------------------|---|
| <b>PROGRAM TITLE</b> | International Experts' Workshop on <b><i>Transforming TVET for Meeting the Challenges for the Green Economy</i></b> , 26-29 September 2011, Bonn, Germany |
|----------------------|---|

|                           |  |   |             |        |                               |
|---------------------------|--|---|-------------|--------|-------------------------------|
| 1. NAME IN FULL           | <i>(Given Name, Middle Name, Last Name)</i><br><b>(as written in passport)</b> |   |             |        | Place your<br>Picture<br>here |
| 2. NATIONALITY            | Marital Status   | Single <input type="checkbox"/> Married <input type="checkbox"/> Others : |             |        |                               |
| 3. DATE OF BIRTH          | MM:          DD :          YY:   | SEX   |             |        |                               |
| 4. PLACE/COUNTRY OF BIRTH |  |   |             |        |                               |
| 5. PASSPORT               | Number   | Place of Issue  |             |        |                               |
|                           | Date of Issue  | Date of Expiry  |             |        |                               |
| 6. CONTACT NO.            | Home   | +( ) -  | Mobile      |        |                               |
|                           | Office   | +( ) -  | Fax         | +( ) - |                               |
| 7. CYBER CONTACTS         | E-Mails  |   | Homepage    |        |                               |
| 8. OFFICIAL STATUS        | Organization Name  |   |             |        |                               |
|                           | Address  |   |             |        |                               |
|                           | Designation  |   |             |        |                               |
|                           | Official E-mail  |   | Website     |        |                               |
| 9. IMMEDIATE SUPERVISOR   | Organization Name  |   |             |        |                               |
|                           | Name in Full   |   | Designation |        |                               |
|                           | Tel No.  | +( ) -  | Fax No.     | +( ) - |                               |
|                           | E-Mail   |   | Website     |        |                               |

**TO BE FILLED-IN BY A GOVERNMENT PHYSICIAN ONLY**

**MEDICAL CERTIFICATE**

This is to certify that I have administered physical and medical examinations to \_\_\_\_\_. I have found him/her to be physically and medically fit to attend the CPSC training program for which he/she is applying for.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GOVERNMENT PHYSICIAN  
*(Signature over printed name)*

**WAIVER**

Having been found to be physically and medically fit, I hereby assume personal responsibility for all expenses arising from any medical consultation and treatment that I might undergo while attending the CPSC training program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT  
*(Signature over printed name)*

SUBSCRIBE AND SWORN to before me this \_\_\_ day of \_\_\_\_\_ 20\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
ADMINISTERING OFFICER

(NOTE: The Administering Officer should be a duly authorized Notary Public)  
Signature and Official Stamp of the Country Liaison Officer \_\_\_\_\_

Date \_\_\_\_\_