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FORM 1

Application Form

**Global Health Fellowship Program**

**Application date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arrival date of application** (for staff use only) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Personal data**

Name (Thai) นาย / นาง /นางสาว\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(English) Mr./ Mrs./ Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_ year

Current address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Education background**

List in chronological order from Bachelor to post-graduate degree.

|  | Institution, country | Date | | Description field of studies | Degree granted |
| --- | --- | --- | --- | --- | --- |
| From | To |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

**English proficiency** English Test Score (check relevant box)

🞏 TOEFL score \_\_\_\_\_\_\_\_\_ Test date \_\_\_\_\_\_\_\_\_\_\_\_

🞏 IELT score \_\_\_\_\_\_\_\_\_ Test date \_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ score \_\_\_\_\_\_\_\_\_ Test date \_\_\_\_\_\_\_\_\_\_\_\_

Copies of relevant test score shall be attached to this application

English proficiency self assessment

(Please check one box that can best describe your English proficiency)

1. Applied English skills in professional settings

🞏 A. I can lead the technical meetings.

🞏 B. I can interactively engage in technical meetings.

🞏 C. I can understand contents of technical meetings.

🞏 D. I understand well enough to engage in normal conversation.

2. Applied writing skill

🞏 A. I can edit and provide recommendations to other’s written documents.

🞏 B. I can write official documents e.g. summary report, policy brief.

🞏 C. I can write non-official documents e.g. news, presentation.

🞏 D. I can write short letter/ e-mail for simple communication.

**III. Work experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Current post** | | | |
| Years of service | From | To | Describe your area of work and responsibilities |
| Organization | | |

**IV. Global Health experiences**

Please specify your global health experiences for the past 3 years (not more than 200 words)

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**V. Global Health field,** check one box

* Health Systems
* Communicable Diseases, Preparedness, Surveillance & response
* Non-communicable Diseases
* Social Determinants of Health, health through the life course
* SDGs
* Foreign policies, international relations
* Policy development
* Trade and Health
* Research and Development
* Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify topic of interest in your chosen field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VI. Statement of Purpose**

Please indicate in English : **In your view, what global health can contribute to move   
 your work forward for best benefit of Thailand?**

This information is most essential for the assessment in the selection processes

(please use separate sheet, not more than 500 words)

**VII. Your referees**

Please name one person who shall serve as your referee and know best your academic and   
 professional experiences.

* The applicant is responsible to provide copy of recommendation form (FORM 2)   
  to your referees and solicit their opinion on time.
* The letter by the one referee shall be sealed, signed and sent separately to Global Health Division, Ministry of Public Health, Tivanond Road, Nonthaburi 11000
* The application with scanty superficial assessment of the candidates by the referee will be rejected.

|  |  |
| --- | --- |
| Name and title of referee | Institute name and address |
|  |  |

**I got approval from my Organization to apply and attend GHFP.**

**I understand that I have to attend at least 80% of all GHFP activities.**

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_