**APPLICATION FORM**

Please complete this form by computer and send to the following email address:

[whitrap.lx@foxmail.com](mailto:whitrap.lx@foxmail.com)

Your application should reach WHITRAP Shanghai **before June 1,2016**. Forms that are incomplete will not be considered.

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| --- | --- | --- | --- | --- |
| **CANDIDATE** | | | | |
| Family Name |  | First Name(s) |  | Please paste a recent photo, or send it separately. |
| Nationality |  | Gender |  |
| Date of Birth (Month/ Day/ Year) |  | | |
| Organization/ Institution |  | | | |
| Department/ Division |  | | | |
| Current Position or Title |  | | | |
| Office Telephone |  | Office Fax |  | |
| Email |  | Mobile |  | |
| Working Address |  | | | |
| **EDUCATIONAL BACKGROUND** | | | | |
| Full Name of Universities | Duration  (From – To) | Major | | Degree |
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| **TRAINING** | | | | |
| Name | Organization | Location/ Duration | | Certificate |
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| **EMPLOYMENT HISTORY** | | | | |
| Duration  (From – To) | Full Name of Institution | Brief Description of job responsibilities | | |
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| **LIST OF RELEVANT PROJECTS IN CHARGE OF OR INVOLVED WITH** | | | | |
|  | | | | |
| **ACHIEVEMENTS/ AWARDS** | | | | |
|  | | | | |
| **PUBLICATION & RESEARCH** | | | | |
| (Title/Publisher) | | | | Date |
|  | | | |  |
|  | | | |  |
| **CANDIDATE’S STATEMENT** | | | | |
| I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed study program. I also take note that if my application is accepted I shall have to undergo a medical examination at my own expense, according to instructions received from WHITRAP. I also declare that I will be returning to my current employer, on completion of the course.  Candidate’s Signature  Date: | | | | |

