

The Asian Health Institute Foundation



AHI

APPLICATION FORM

(Please type in block letters in English.)

(attach 2 photos)

Please clip on.
Do NOT paste.

INTERNATIONAL LEADERSHIP DEVELOPMENT COURSE 2007

Period of the Course: from September 3 (Mon), 2007 to October 8 (Mon), 2007

*Note: Name and birth date should be EXACTLY THE SAME as they appear in your PASSPORT.

1. Name: _____ 2. Sex: _____
First Middle Last(Family name)

3. Nickname (how you want to be called): _____

4. Birth Date: _____ / _____ / 19____ 5. Nationality: _____
MONTH (**Write in Word**) day year

5. Sending Organization

Full Name : _____
Address (for postal mailing) : _____

TEL: _____ FAX: _____
E-mail: _____ Home Page: _____

6. Your Supervisor's Name and Position: _____
(Contact person on behalf of your organization)

7. Your Position in Your Organization : _____

8. Your Home Address (Emergency contact) :

_____ TEL: _____
_____ FAX: _____
_____ E-mail: _____

9. Religion: _____

10. Food Restriction, if any: _____

(List up concrete food items which you cannot eat)

11 Family Members (list up persons and their relationship with you):

(living with you)

(living apart)

*Please answer the following questions. If necessary, please attach additional sheets.

12. Educational Background:

Name of Institution / School	Year		Degree/Diploma Received, Field of Specialization
	from	to	

13. Work Experience:

*Please describe all Health & Development work you have been involved ever since and at present, including part-time and volunteer work.

Name of Organization	Year		Position / Role
	from	to	

14. What is your mother tongue? _____

15. Have you ever visited or lived in other countries (including Japan) ?
() No () Yes If yes, indicate dates, places, and purposes of visit / stay.

16. What is your present role and responsibility in your organization?

17. What kind of work-related trainings/ seminars/ workshops have you participated in before? (Topics / theme, year, duration, where, etc.)

18. Describe your working area with special focus on the community, People's organizations, NGOs, local government, and their relations and interactions, socially, culturally, economically, and politically at activity level.

19. Describe your experiences as **trainer, community organizer, and/or project manager** in the community-based health and development efforts. Please include lessons & learning you got and basic questions & concerns emerged in your mind for your further exploration.

20. Describe your assessment on the people's citizenship (awareness as citizen rather than as beneficiary or client) and the level of participation in the decision making process with the **GOVERNANCE** viewpoint.

21. What do you think is most important to promote genuine people's participation?

22. What are your concrete expectations / needs to this course?

(* Please read AHI Course Outline carefully to make sure your application is appropriate to your learning needs and you are meeting the criteria.)

I hereby certify that the above information is true and correct.

NAME (in Block): _____

SIGNATURE : _____

DATE : _____

STATEMENT BY SENDING ORGANIZATION

***AHI considers this training as a joint effort among the participant, the sending organization, and AHI. The following questions should be filled out in as much detail as possible by the person representing your organization.**

1. Please tick the items which apply to your organization.

A. Type of organization

Government International NGO Nationwide NGO
 Local NGO People's Organization
 Other (please specify: _____)

B. Major focus areas of organization

Health Environment Community Development
 Enterprise / Credit Educational / Research Advocacy
 Network Other (please specify): _____

C. Size of your organization

Number of full-time staff: _____
Annual Budget size (in US\$): _____

D. Financial resource

Self sufficiency: %
Local donors: % (names: _____)
International donors: % (names: _____)
Government subsidy: %

2. Describe your organization's Vision, Mission and Strategy.

3. Why is your organization interested in sending the applicant to AHI International Leadership Development Course (ILDC)? How do you think this training will benefit your organization as a whole?

**4. Why do you nominate this particular person to AHI's ILDC?
What are your organization's concrete expectations of the applicant after finishing ILDC?**

**5. Describe in detail the profile of your partner People's Organization that your organization is most closely working with at present.
(Who are they? What are their main activities? How do you collaborate with them? What is your role as partner NGO? Since when? etc. Please use additional sheets if necessary)**

6. Describe in detail the profile of your partner Local Government that your organization is most closely working with at present.

(What is the coverage population of your partner Local Government? On what issue/s you collaborate with the partner Local Government? What is your role as a partner NGO? Since when? etc. Please use additional sheets if necessary.)

7. Describe in detail how your organization collaborates with other NGOs in the same area?

(On what issue/s you collaborate/network with other NGOs in the same area? What is your role? Since when? etc. Please use additional sheets if necessary.)

8. Please attach your organization's brochure and activity / financial report.

(If no English version available, attach an English summary.)

This is to certify that _____
(name of applicant)

is a member of _____
(name of your organization)

and holds the following position in the organization: _____

(title / position of the applicant)

**AHI asks you, as a representative of your organization, to make
the following pledge:**

We will cooperate and provide opportunities for _____
(name of applicant)

to apply what she / he learns from ILDC in our organization together with AHI.

We will cooperate with AHI in doing follow-up of the participant.

NAME (in Block): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

