

# **AUSTRALIA-MALAYSIA PARTNERSHIP EXCHANGE PROGRAMME FOR EARLY CHILDHOOD WORKERS**

## **- APPLICATION FORM -**

### ***Part 1 : Personal Information***

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex:  M  F

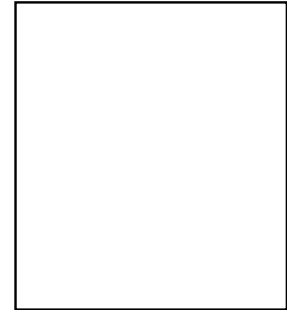
Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I.C. No: \_\_\_\_\_ Passport No: \_\_\_\_\_



### ***Part 2 : Organisation Information***

Name of Organisation: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Position / Designation: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Describe briefly the organisation's objectives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly your duties in your work place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Part 3 : Educational Background***

Highest Educational Level (e.g. SPM / STPM / University etc.):

\_\_\_\_\_

Spoken Languages: \_\_\_\_\_

Written Languages: \_\_\_\_\_

**Part 4 : Working Experience**

List briefly your past work experience

Years of Service

_____	_____
_____	_____
_____	_____

**Part 5 : General Information**

Have you been to Australia before?

No

Yes

If yes, describe briefly purpose & duration of stay: \_\_\_\_\_

\_\_\_\_\_

Have you been overseas before (besides Singapore)?

No

Yes

List any particular restrictions / allergies / concerns (religious or otherwise) / queries that you may have: \_\_\_\_\_

\_\_\_\_\_

Describe briefly your expectations for this training course and what you hope to learn:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**I certify that the statements made by me in this form are true and correct to the best of my knowledge. If accepted, I will agree to abide and comply throughout the duration of the training as required by the organisers.**

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

***Nominating Organisation (To be filled in by Applicant's Head of Department)***

Do you highly recommend this candidate?  No  Yes

Would you fully support him / her in this training exposure?  No  Yes

Will the organisation be responsible for the costs of the  
return international airflight ticket?  No  Yes

Describe what work the nominee will be expected to do on his / her return.

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Explain how the proposed training will be of benefit to the work of your organisation.

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Signed: \_\_\_\_\_

Stamp:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_