

INFORMATION OF ORGANIZATION (WORKPLACE)
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Name of the parent/umbrella organization(s) of your workplace (if any)

Name of your workplace (Institution/Foundation/Branch, etc.)

Representative of your workplace

(Position)

(Name)

Address of your workplace (postal address)

Telephone Number (workplace)

Fax Number (workplace)

e-mail address (workplace)

URL (workplace or umbrella organization)

Year of establishment (workplace or umbrella organization)

Annual budget and currency (workplace or umbrella organization)

Source of fund (workplace or umbrella organization)

Number of paid staff (workplace)

Number of clients or users (workplace)

◇ Objectives and Activities

Objectives : _____

Activities : _____

◇ Your Present Work

Job Title : _____

Post: _____

Duty: _____

◇ Your work experience (please describe the works that you have been involved in by now.)

Your Full Name _____

Signature _____