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| AYLTLC 2012 Logo Enlarged |
| Asian Youth Leaders Travel and Learning Camp 2020 |
| Application Form (Advisor) |
|  |
|  |
| Please note that all fields with asterisk\* are compulsory.  Should you have any queries, please feel free to contact our Participant Services Officer at [ps@ayltlc.com](mailto:%20ps@ayltlc.com) |

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|  |

**A. Personal Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name**  **(CAPITAL LETTER, as in Passport) \*** |  | | |
| **Family Name (Surname) \*** |  | | |
| **Date of Birth \* (DD/MM/YY)** |  | **Gender\*** |  |
| **Passport No.\*** |  | | |
| **Country of Issue\*** |  | **Date of Expiry\***  **(DD/MM/YY)** |  |

B. Contact Information

|  |  |
| --- | --- |
| **Email Address \*** |  |
| **Alternative Email Address \*** |  |
| **Contact Number\*** | Country Code – Area Code – Phone Number |

**C. Family Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member 1\*** | | | |
| **Name\*** |  | **Relationship with Applicant\*** |  |
| **Occupation\*** |  | **Contact Number\*** | Country Code – Area Code – Phone Number |
| **Family Member 2\*** | | | |
| **Name\*** |  | **Relationship with Applicant\*** |  |
| **Occupation\*** |  | **Contact Number\*** | Country Code – Area Code – Phone Number |

D. Job Details

|  |  |
| --- | --- |
| **University/School Name\*** |  |
| **Department/Office\*** |  |
| **Position \*** |  |

E. Health Conditions

|  |  |
| --- | --- |
| **Allergies\*** |  |
| **Major Medical Problems\*** |  |
| **Medication Currently Taken\*** |  |
| **Dietary requirements (Halal/Vegetarian/No Seafood)\*** |  |

**F. Knowledge of Languages**

Please tick (√) to indicate your English proficiency with 1 being lowest and 6 being highest.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Language** | **1** | **2** | **3** | **4** | **5** | **6** |
| **English\*** |  |  |  |  |  |  |
| **Native Language\*** | **(Please specify)** | | | | | |

**Declaration**

**I hereby declare that the particulars provided are true to the best of my knowledge and that I have not willfully suppressed any material facts.**

**Please kindly pay the registration fee after your submission. As all communication regarding your application will be via email only, so please check your email regularly.**

Signature: *(Please insert your digital signature here)* Date: *(DD/MM/YY)*

Please kindly send this application form to [register@ayltlc.com](mailto:register@ayltlc.com) after completing it.