41st International Vegetable Course on

"Vegetable Breeding for the Tropics"

21 October - 1 November 2024 (excluding arrival & departure)

APPLICATION FORM

A.1. Personal Information

Given Name:

Middle Name:

Family Name:

A2. Date of Birth (DD/MM/YYYY)

A3. Sex

☐ Female

☐ Male

A4. Passport number:

A5. Specify address of Thai Embassy where you will collect the visa:

A6. Date of Expiry (DD/MM/YYYY)

A7. Nationality (If multiple, match with the passport number used in Question A4)

A8. Address

A9. Phone (Office):

A10. Phone (Personal/Mobile):

```


```

A11. Email:

```


```

B. EDUCATIONAL BACKGROUND

B1. Highest level of education completed?
☐ High school or equivalent
☐ Bachelor's degree or equivalent
☐ Master's degree or equivalent
☐ Above Master's degree
☐ Other, please specify

```


```

B2. Area of study?
☐ Agriculture
☐ Environmental studies and forestry
☐ Applied Sciences (other than agriculture and environment)
☐ Social Sciences (economics, sociology, etc.)
☐ Business (accounting, marketing, management, etc.)
☐ Physical Sciences
☐ Humanities and Liberal Arts
☐ Engineering, IT, Computing
☐ Please specify

```


```

B3. Year Completed:

```


```

B4. Name of Institution & Location:

```


```

B5. Did you study Agricultural Sciences in any other college/university degree program
(Other than the one noted in Question B1?)
☐ Yes (Continue with Question B6)
☐ No (Go to Section C: EMPLOYMENT / EXPERIENCE)

B6. If YES (in Question B5), what was the area of study?

```

```

B7. If YES (in Question B5), what was the level of study?

☐ Bachelor's degree or equivalent

☐ Master's degree or equivalent

☐ Above Master's degree

☐ Other, please specify:

```

```

C. EMPLOYMENT / EXPERIENCE

C1. Position

```

```

C2. Name of Current Employer:

```

```

C3. Type of Current Employer?

☐ Academic Institution (school, college, university, etc.)

☐ Government Organization

☐ Private Business

☐ NGO / International NGO

☐ International Organization (United Nations, AVRDC, etc.)

☐ Self-employed

☐ Other, please specify:

```

```

C4. How many years have you been working with current employer?

```

```

C5. Employer's Address

```

```

C6. Employer's E-mail:

```

```

C7. Employer's Phone:

C8. Name of Supervisor/Head:

C9. Supervisor's Email (if different than in Question C5):

C10. Supervisor's Phone (if different than in Question C6):

C11. General area of current work (Choose the most relevant)
☐ Academics / Teaching
☐ Extension / Development
☐ Research
☐ Business / Marketing
☐ Administration / Finance
☐ Other, please specify:

C12. Specific area of current work
☐ Agriculture related (Please Specify: _____)
☐ Not agriculture related

C13. Write three words related to your current job description:

C14. Total years of your past working experience:

C15. Evaluate your knowledge level in the following areas:

My knowledge in plant disease and pest management
☐ Good
☐ Basic
☐ Low

My knowledge in crop agronomy

☐ Good

☐ Basic

☐ Low

My knowledge in postharvest technology management

☐ Good

☐ Basic

☐ Low

D. ENGLISH PROFICIENCY

Course sessions will be conducted in English. Proficiency in written and oral English is required to fully benefit from the course. Please rate your level of proficiency below:

Reading

☐ Confident

☐ Basic

☐ Low

Speaking

☐ Confident

☐ Basic

☐ Low

Understanding

☐ Confident

☐ Basic

☐ Low

Writing

☐ Confident

☐ Basic

☐ Low

F. FINANCIAL SUPPORT

Please note that WorldVeg does not provide scholarships for the 41st IVTC.

F1. Means of support

☐ Employer funded

☒ Donor funded

☐ Self-funded / individual fund

F2. Donor's Name:

AFRICAN ASIAN RURAL DEVELOPMENT ORGANIZATION (AARDO)

F3. Donor's Address:

02, State Guest Houses Complex, Chankyapuri, New Delhi-110021, India

F4. Donor's Phone (main contact):

+9111-24100475

F5. Donor's Email (main contact):

cbdp@aardo.org

F6. Contact person at Donor's office:

Mr. Kamal Dhameja,
Head Administration Division,
African Asian Rural Development Organization

G. EMERGENCY CONTACT INFORMATION

G1. Person for emergency contact:

G2. Your relation with this person:

G3. Phone number of the emergency contact person:

G4. Email of the emergency contact person:

H. PREVIOUS TRAINING

H1. How did you learn / hear about the International Vegetable Training Course (IVTC)?

☐ WorldVeg (AVRDC) / IVTC website

☐ Employer / Donor

☐ Advertisement through email

☐ Other, please specify:

H2. Have you attended WorldVeg (AVRDC) training courses or workshops in the past?
☐ Yes
☐ No

I. FOOD RESTRICTIONS

I1. Do you have any dietary restrictions?
☐ I am a vegetarian
☐ I do not eat beef
☐ I do not eat pork
☐ Other, please specify:

```
                                                          
```

J). YOUR MOTIVATION
Please state briefly your reasons for applying for this training course, your main field of interest, and how you hope to benefit from the course (maximum 250-300 words).

K). ATTACHMENTS:

K1. Please attach a passport-size photo
K2. Copy of passport (please scan your passport and attach to this application form)
K3. Assurance of Position Statement (Please fill it, get it signed by your supervisor and Scan and attach it with this application together with the scanned copy of passport and photo and email all to cbdp@aardo.org

East and Southeast Asia/ Oceania
P.O. Box 1010
(Kasetsart University)
Bangkok 10903, Thailand
Tel: +66-2-942-8686, 8687
Fax: +66-2-942-8688
Web: www.avrdc.org
Email: info-eastasia@worldveg.org

World Vegetable Center

ASSURANCE OF POSITION STATEMENT

Place: _____

Date: _____

To:

World Vegetable Center
Regional Office for East and Southeast Asia/Oceania
P.O. Box 1010 (Kasetsart University)
Bangkok 10903, Thailand

This is to assure that _____ who currently holds the position of
                                                      (*Name*)

_____
                                                      (*Position*)

at the _____
                                                      (*Organization*)

in _____ will be granted leave of absence and will be
                        (*City/Country*)

assigned to the position of _____
                                                      (*Position*)

at the termination of the advanced training, should he/she be selected.

Name: _____

Signature: _____

Title of position:_____

Official address: _____

                             _____

                             _____