**SEAOHUN FELLOWSHIP AWARDS APPLICATION**

**Application Package:**

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| Before submitting the application, please thoroughly check on the completion of all necessary documents:   * Completed application Form (signed by yourself and your Faculty Dean or Head department) * A one-page summary resume * A one-page letter describing your background, motivation and how the fellowship will help advance your career and contribute to the development of the One Health workforce * English proficiency test result. If you do not have official test results or other documentation of English language competency, an interview will be arranged. * Two (2) reference letters from individuals familiar with your work, academic accomplishments and character * A copy of the photo page of your valid passport |

**Application Submission/ General Enquiries:**

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| Ms. Jutamart Jattuchai (May)  Email: [secretariat@seaohun.org](mailto:secretariat@seaohun.org) or [jutamart@seaohun.org](mailto:jutamart@seaohun.org) |

**FELLOWSHIP AWARDS APPLICATION FORM**

**A. Personal Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: Mr./ Mrs./ Miss | | | | | | | |
|  |  | | | |  | | |
| (First) | (Middle) | | | | (Last) | | |
|  |  | | | |  | | |
| Age: | Gender: | | | | Nationality: | | |
| Address: |  | | | | | | |
| City/Country: |  | | | | | | |
| Tel. (with country code): | Home: | | | | | Mobile: | |
| Title: |  | | | | | | |
| Current Position: |  | | | | | | |
| Organization: |  | | | | | | |
| Affiliated Institute (if any) |  | | | | | | |
| Passport: | Passport no.: | | | | | | |
| Issue Date: | | Expiry Date: | | | | |
| Interest of One Health Core Competencies’ Development | Choose 3 interested area where you want to get improved: | | | | | | |
| Management | Leadership | | | | | System Thinking |
| Values and Ethics | Communication and Informatics | | | | | |
| Culture and Beliefs | | | Collaborations and Partnership | | | |

**ENGLISH LANGUAGE PROFICIENCY (\*optional):**

|  |  |  |
| --- | --- | --- |
| IELTS | Score: | Test taken Date: |
| TOEFL | Score: | Test taken Date: |
| Other (please specify) | Test Name: | |
| Score: | Test taken Date: |

\* If the candidate does not have official test results or other documentation of English language competency, an interview will be arranged.

**B. Fellowship Plan:**

**1.) REQUESTED HOST ORGANIZATION:**  Please refer to the list of host organizations in the attached document and list 3 priorities of host organizations where you would like to have fellowship placement, based on your interest and preference:

|  |  |
| --- | --- |
| 1.) |  |
| 2.) |  |
| 3.) |  |

Note: Primary check for applicant of PREDICT Indonesia, please attached the result proof of x-ray exam or TB skin test (must not be older than six months) to show that you are free from tuberculosis if you already have it.

**2.) MOTIVATION LETTER:** Please provide in a separate document of one-page letter (Front: Calibri, 12 points) describing your background, motivation and how the fellowship will help advance your career and contribute to the development of the One Health workforce.

**C. Signatory Part:**

**Signature/Name of applicant:**

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Signature Date

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organization: |  |

**Signature /Name of Faculty Dean or Head Department:**

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Signature Date

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Department: |  |
| Organization: |  |