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*Please note the following roles and responsibility of a faculty advisor:*

* *to collate all the delegation’s Position Summary for submission to the Organising Committee*
* *to be responsible for all the students’ welfare and conduct in your country’s delegation*
* *to be assigned to a certain committee and help to mentor delegates assigned to this committee, during the Committees-in-sessions*
* *to provide feedback and clarification on specific points of interest on your country’s domestic policies, interests, abilities and constraints during the Committee-in-session*

*Thus, the Faculty Advisor has to be fluent in English, possess sound knowledge of your country’s policies, and be able to communicate well with all the delegates in the Conference.  There will be two Faculty Advisors to accompany each country’s delegation.  We invite you to nominate a faculty staff from your institution for consideration by providing their CV.  Successful nominees will be notified later.*

**Deadline of submission: 24 June 2018**

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| **Application Form FOR FACULTY STAFF**  |
| **A: personal Particulars** |
| Name (as in identity card/passport): |
| Gender (M/F): | Date of Birth (DD/MM/YY): | Country of Birth:  |
| Nationality: | Race: | Religion: |
| Home Tel (incl. country code): | Mobile phone no.: | Email address: |
| Home Address: |
| Name of Institution: | Faculty/Department: |
| Language(s) Written:Language(s) Spoken: |
| Passport no:*\*Please attach photo/scan of information page of passport.* | Date of issue (DD/MM/YY): | Date of expiry (DD/MM/YY): *\*Passport must be more than 6 months valid from date of travel (ie. 6 months more than Oct 2018)* |
| T-shirt size (XS/S/M/L/XL/2XL): | Dietary preference: Vegetarian / Halal / No preference  |
| **B: MEDIcal and Health Records** |
| Blood type : \_\_\_\_\_\_ |
| It is particularly important that any pulmonary, nervous or mental trouble, asthma related respiratory disorder, cardiovascular problem, previous prolonged ill-health, allergy, etc. should be stated. |
| Description of any medical issues and/or drug allergy: |
| **C: EMERGENCY CONTACTS** |
| **1st Emergency Contact Point:** |
| Full Name (Please underline Surname/ Family name): | Relationship: |
| Mobile Phone No. (incl. country code): | Office: | Email: |
| Language(s) Spoken: |
| **2nd Emergency Contact Point:** |
| Full Name (Please underline Surname/Family name): | Relationship: |
| Mobile Phone No. (incl. country code): | Office: | Email: |
| Language(s) Spoken: |
| **D: Declaration** |
| I declare that the above statements and those on the attached sheets are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact. I allow the organizer to use this information in anyway deemed necessary for the purpose of facilitating my application for the Conference. I also agree to discharge my duties and fulfill all roles as stated on page 1 of this form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant and Date |

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| **E: cv** |
| **Please attached CV for consideration by organizing committee.** |

Photo/scan of information page of passport.