

REGISTRATION FORM

Affix a recent photo here

Title of the Course: Advanced Oral Communication Course: AOCC

Date of Course: ☐ Intake 16: 27 January – 1 March 2020

☐ Intake 17: 1 June – 5 July 2020

1. Personal Details

Name (ENG): _____

(as it appears in your official passport)

Name (THAI): _____

Position (ENG) _____

(THAI): _____

Organization Name (ENG): _____

(THAI): _____

Organization Address : _____

Email Address: _____

Line ID: _____ **Tel No :** _____ **Fax No :** _____

Home Address : _____

Home Tel No : _____ **Mobile No :** _____

Fax No: _____

Date of Birth: _____ **Religion:** _____

(Day) (Month) (Year)

2. Official Passport Details:

Passport Number: _____

(If you do not have a passport, please apply for one as soon as possible and submit a copy to the DVIFA.)

Place of Issue: _____

Date of Issue: _____

Date of Expiry: _____

3. Academic Details

(Please state your highest academic degree.)

Name of Institution/ University: _____

Field of Study: _____

Date Awarded: _____

Degree Awarded: _____

4. Special Requirements

Dietary Requirements: _____

(please specify)

5. Emergency Contact Details

(Please give details of your contact in case of any emergency while you are in Thailand and New Zealand.)

Name: _____ Relationship: _____

Contact No: _____

Contact Address: _____

E-mail Address: _____

6. Conditions Concerning Training in New Zealand

6.1 All participants, without exception, are expected to stay at the selected accommodation.

6.2 Friends and family members should **not** accompany participants to New Zealand.

6.3 As a condition of the group visa, all participants must not apply for individual visas or make their own travel arrangements.

☐ I have read, understood, and agreed to the above conditions of the Advanced Oral Communication Course Programme.

Signature : _____

Name: _____

Position: _____

Office: _____

Date: _____