**SECTION 1: REGISTRATION FORM**

**Participant information:**

First Name: Middle: \_\_\_ Last:\_ \_\_\_\_

Nick Name:\_

Please thick one: Undergraduate Student Health Practitioner Graduate Student

*Please fill it if you are an* ***undergraduate student***

Semester *(thick one)*: 4th 5th 6th 7th 8th

Current University:

Faculty:

University address:

Expected graduation date: Current GPA: out of

Birth Date: Date Month Year

Current Address:

City: Province:

Country:\_ Zip code:

Phone Number: Home- Mobile

Email Address:\_ Citizenship:

**Parent/ Guardian Information**

Parent Name:

Parent Phone Number: Home Mobile

Parent Email Address:

Parent Street Address (if different from above):

Emergency Contact: Name Phone Number

**SECTION 2: HEALTH INFORMATION**

Physical Limitations:\_

Dietary restrictions: Please list any known allergies:\_

Please mention your illness record:\_

\_

Please list any other health concerns you may have:

**SECTION 3: EDUCATION**

*List the college you have attended starting with the most recent:*

|  |  |  |  |
| --- | --- | --- | --- |
| **College**  *Your Previous or Current College* | **Major**  *Your Previous or Current Major* | **Graduated Year**  *Year that You Graduated* | **Expecting Graduate Year**  *Year that You Expecting to Graduate* |
|  |  |  |  |
|  |  |  |  |

**SECTION 4: Current Business and Employment History (if applicable)**

|  |  |  |
| --- | --- | --- |
| *Company:* | | *From (MM/YY):* |
| *Address:* | | *City/Zip:* |
| *Phone:* | *Email:* | |

*Fax: Website:*

*Briefly describe your position and responsibilities:*

**SECTION 5: ORGANIZATIONAL EXPERIENCES**

*Please describe any organizational experience that you have been involved, including: working experience, internship experience, volunteer organizations, community associations, or similar:*

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| --- | --- | --- | --- |
| **Organisation** | **Year** | **Position Held** | **Description of Involvement** |
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**SECTION 6: SCHOLARSHIP AND AWARDS**

*Please detail any scholarships, academic awards, bursaries, prizes you have obtained.*

**SECTION 7: TRAINING AND WORKSHOP**

*Please indicate any training and workshops you have attended in last 2 years.*

|  |  |
| --- | --- |
| **Name of Training or Workshop** | **Year** |
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**SECTION 8: LANGUAGES**

How would you describe your English and/or other Languages skills? (1=poor; 5=excellent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Years studied** | **Speaking (1-5)** | **Reading (1-5)** | **Writing (1-5)** |
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**SECTION 9: SHORT ANSWER QUESTIONS**

*Please answer the following questions to the best of your ability.*

1. Please describe your motivation to participate and the experience that you hope to gain in Global

Health True Leaders. (in 1 paragraph)

|  |
| --- |
|  |

2. Please describe your future plan in five years. (in 1 paragraph)

|  |
| --- |
|  |

**Please Note:**

1. Please complete the information in **application form** and email to the [**official.ghtl@gmail.com**](mailto:official.ghtl@gmail.com)

2. Non-scholarship Application Deadline is **May 31, 2018**

3. Participants Selection and Administration Process is **June 01- June 15, 2018**

4. Confirmation Period is **June 16- June 22, 2018**

5. Pre-departure Assignment Process is **July 02- July 09 2018**

**Important:**

It is your responsibility as ***applicant*** to submit the PDF which including Application form, Health Certificate, English Proficiency, Identity Card, and Photo, and Transcript or Bachelor Degree Certificate in one file (in format: GHTL2\_Your Name.pdf). Then, you will receive a confirmation letter on **June 16, 2018**. Please fill the confirmation letter and send it to INDOHUN email due to **June 22, 2018.** You will be an ***official participant*** of Global Health True Leaders once you received the official invitation letter.

**Global Health True Leaders 2016**

**REQUIREMENTS AND RULES**

**DEADLINE: MAY 31, 2018**

1. There are 6 required files that you must be submitted to register yourself to be Global Health True Leader 2.0 participant.

 Application form

There are 8 sections included. Each section contains questions which must be completed with straightforward and factual answer. These include those that enquire about your personal details, interests, educational background, and other related to GHTL.

 Health certificate

Health certificate is a result of medical examination to describe condition a person has, such as allergic or sickness. It can be obtained in hospital or health center.

 English proficiency

It can be a valid TOEFL, IELTS, TOEIC score, least is a TOEFL prediction score.

 Identity card

The identity card is identity card or driver license, or passport. For active student, student identity card is a must besides identity card or driver license or passport.

 Photo

Your photo must be a half body formal photo with white background and clearly seen face. The photo size is 4x6.

* Transcript or bachelor degree certificate

2. All the required files must be completed and submitted to [official.ghtl@gmail.com](mailto:official.ghtl@gmail.com) with subject “[GHTL2] Name” no more than May 31, 2018. Uncompleted files and submission after the deadline will not be proceed. All files must be merged into one file (PDF) with the format name:

3. We will send the confirmation letter and please send it back to [official.ghtl@gmail.com](mailto:official.ghtl@gmail.com) due to July 22, 2018.

4. You are officially being a participant once you received the official invitation letter

from INDOHUN.