

# APPLICATION & QUESTIONNAIRE TRAUMA RESPONSE 2010

Are you applying for:

April 16<sup>th</sup> & 17<sup>th</sup>  
2 day basic course YES/NO

18<sup>th</sup> April  
Excursion Day YES/NO

19<sup>th</sup> April  
Advanced one day course YES/NO

## 1. *Personal*

Family Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: male / female

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_

Passport issued by \_\_\_\_\_ on \_\_\_\_\_ expires \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business e-mail: \_\_\_\_\_

Private/alternative e-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Year of appointment to present position: \_\_\_\_\_

## 2. *Organisation*

Name of Organisation: \_\_\_\_\_ member ICMA / ICSW

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Contact Person in case of emergency during seminar:

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Print Name for certificate include any titles you require to be included.  
\_\_\_\_\_

Are you proficient in the English Language both written and spoken YES / NO.

**3. The Port**

**Name of the Port:** \_\_\_\_\_

**General description of the Port:** \_\_\_\_\_

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**4. Pastoral / Welfare Work Describe in a few lines your work with Seafarers:**

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**What is the main goal of your work?**

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**5. Motivation**

**Why do you apply for this course?**

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**6. Arrangements for the Payment of** course fee, local travel expenses, accommodation of US\$275 or US\$350 will be made if you are accepted on the course. US\$50 for single room supplement.

**7. Is scholarship aid necessary for you? Course Fee YES / NO Travel YES / NO**

If you are looking for scholarship for travel what is the likely cost of an economy return fare to Manila or Cebu Mactan Airport. Transport from Manila and Cebu to Bohol will be arranged for the group.

Approximate Airfare US\$ \_\_\_\_\_

If you have indicated that you require sponsorship your flights will be booked for you so please tell us your travel needs.

Air Travel from \_\_\_\_\_ Airport to Manila / Cebu. On \_\_\_\_\_ 2010

Returning on \_\_\_\_\_ 2010 \_\_\_\_\_ Manila/Cebu to \_\_\_\_\_ .

Extra nights are available at the resort so please indicate your arrival and departure. Rates for the extra night between \$45 - \$65 for bed and breakfast for a twin room.

**Your Signature:** \_\_\_\_\_

Please send the completed questionnaire by email to: I Dewa Nyoman Budiasa:

[budi.icsw@gmail.com](mailto:budi.icsw@gmail.com) , cc to [dwidesyana@gmail.com](mailto:dwidesyana@gmail.com) (secretary) or fax to: +62 (361) 270 809

Regional Co-ordinator South East Asia - Regional Welfare Committee

Jl.D.Tamblingan No.27

Sanur Denpasar 80228

Bali – INDONESIA

T: +62 (361) 283 923, 283 992

**Applications must arrive by February 28<sup>th</sup> 2010**