

 *Your photo*

**ASEAN University Network – Disability and Public Policy Network (AUN-DPPnet),**

**Universiti Malaya**

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Gender | Male / Female | Date of Birth |  |
| Marital Status |  | Nationality |  |
| Identity Card / Passport |  |

1. **CONTACT INFROMATION**

|  |  |
| --- | --- |
| Address |  |
| No & Street / Road |  |
| City |  |
| Country Postcode |  |
| Telephone No. |  | Email |  |

1. **EMPLOYMENT DETAILS**

|  |  |
| --- | --- |
| Work Position |  |
| Organisation/Employer |  |
| Address |  |
|  |
|  |
| Email |  |

1. **DISABILITY DETAILS**

|  |  |
| --- | --- |
| Category of Impairment(s) | Physical / Visual / Hearing / Speech / Learning / Psychological /Others:  |
| Do you use any devices or equipment to assist with your disability? | Yes / NoIf yes, what devices or equipment do you use? : |
| Do you live independently? (for example: showering, dressing, eating by yourself) | Yes / No |
| Are you able to walk long distances for a long duration of time? | Yes / No |

1. **PRIVACY STATEMENT**

The information requested in this application form and your academic record will be used solely for assessing your application for the AUN-DPPnet Scholarship.

The AUN-DPPnet undertakes to store in secure place in the event that you are successful participant. The AUN-DPPnet will endeavour to destroy your application and preserve confidentiality in the event you are unsuccessful. Reference by third parties relating to your application are confidential and you will not be permitted to access this information.

1. **DECLARATION**

Please tick / in the box below if applicable

|  |  |
| --- | --- |
|  | I have read and understood the privacy statementabove and agree to its conditions. |

|  |  |
| --- | --- |
|  |  I confirm that all the information supplied and attached to this form is true and correct |

|  |  |
| --- | --- |
| Applicant name |  |

|  |  |
| --- | --- |
| Applicant signature |  |

|  |  |
| --- | --- |
| Date |  |

1. **CHECKLIST**

|  |  |
| --- | --- |
|  | Completed form |

|  |  |
| --- | --- |
|  | Attached CV and Resume |