REGISTRATION FORM

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| A. PERSONAL DETAILS  |  |
| 1. Name
 | :  |   | Photograph |
| 1. Date of Birth
 | :  |   |
| 1. Nationality
 | :  |   |
| 1. Sex
 | :  |   |
| 1. Office Address
 | :  |      |
| 1. Office Phone Number (with country and area code)
 | :  |  |
| 1. Office Fax
 | :  |   |
| 1. Mobile Phone Number
 | :  |   |
| 1. E-mail Address
 | :  |   |
| 1. Emergency Contact Details
 | :  |      |

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| --- | --- | --- | --- |
| B.  | EDUCATIONAL DETAILS  |  |  |
|  | Degree  | Major  | Academic Institution & Location  | Year of Accomplishment  |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |

|  |  |  |
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|  C. EMPLOYMENT DET | AILS  |  |
| Position and Institution  | Year  | Brief Main Duties  |
|   |   |   |
|  |   |  |
|    |   |   |

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|  D. PERFORMANCE AUDIT EXPERIENCES  |
| Describe your experience in conducting performance audit including years, audited entities, and audit topics  |  |

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|  E. MOTIVATION  |  |
| 1. How this training will relate to your current/future job
 | :  |  |
| 1. Expectation from this training
 | :  |        |

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|  F. PERSONAL STATEMENT  |
| I hereby declare that the information I have provided is complete and true. I will abide the conditions as may be stipulate by my Government and Institution. I will also abide the rules and regulations set by the Indonesian Government and SAI of Indonesia in respect of the training. I do understand that I will not undertake any political or any other activities against the regulations during my stay in Indonesia and to return to my home country immediately after the completion of the training.NAME:SIGNATURE:DATE: |

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|  G. ACKNOWLEDGEMENT FROM HEAD OF DEPARTMENT  |
| I, on behalf of …………………………………...............................(name of the institution), hereby state that I have verified all statements made by the candidate. I have also ensured that the candidate has sufficient English proficiency in order to gain optimum benefit from the training.NAME:SIGNATURE:DATE |