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| Application Form (Participants) |
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| Please note that all fields with asterisk\* are compulsory.  Should you have any queries, please feel free to contact our Participant Services Officers at  [ps@gyltlc.org](mailto:ps@gyltlc.org) |

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| **A. Personal Particulars** | | | | |
| **Full Name**  **(CAPITAL LETTER, as in Passport)\*** | |  |  | |
| **Family Name (Surname) \*** | |  |  | |
| **Date of Birth \* (DD/MM/YY)** | /    / | **Gender\*** |  | |
| **Passport No.\*** |  | | | |
| **Country of Issue\*** |  | **Date of Expiry\* (DD/MM/YY) :** | | /    / |

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| **B. Contact Information** | |
| **Email Address \*** |  |
| **Alternative Email Address\*** |  |
| **Contact Number\***  *(Country Code – Area Code – Phone Number)* |  |

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| **C. Health Conditions** | |
| **Allergies\*** |  |
| **Major Medical Problems\*** |  |
| **Medication Currently Taken\*** |  |
| **Dietary requirements (Halal/Vegetarian/No Seafood) \*** |  |

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| **D. Educational Background** | |
| **University/School Name\*** |  |
| **Major/Minor\*** |  |
| **Year of Study\*** |  |

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| **E. Knowledge of Languages** | | | | | | |
| **Please select (X) to indicate your English proficiency with 1 being lowest and 6 being highest.** | | | | | | |
| **English\*** | **1** | **2** | **3** | **4** | **5** | **6** |
|  |  |  |  |  |  |
| **Native Language (Please Specify) \*** |  | | | | | |

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| **F. Family Particulars** | | | |
| **Family Member 1\*** | | | |
| **Name\*** |  | **Relationship with Applicant\*** |  |
| **Occupation\*** |  | **Contact Number\***  *(Country Code – Area Code – Phone Number)* |  |
| **Family Member 2\*** | | | |
| **Name\*** |  | **Relationship with Applicant\*** |  |
| **Occupation\*** |  | **Contact Number\***  *(Country Code – Area Code – Phone Number)* |  |

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| **G. Experiences/Achievements** |
| **Co-curricular Activities (eg. Sports, Performing Arts or Societies)** |
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| **Awards/Scholarships** |
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| **H. Getting to know You** |
| **Please answer the following questions in no more than 200 words each.** |
| **Why do you want to apply GYLTLC 2016? \*** |
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| **Tell us about an achievement that you are most proud of. \*** |
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| **Tell us about a challenge you have faced as a student leader and how you overcame it \*** |
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| **What else would you like us to know about you? \*** |
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| **Declaration** |
| **I hereby declare that the particulars provided are true to the best of my knowledge and that I have not willfully suppressed any material facts.**  **Please kindly pay the registration fee after your submission. As all communication regarding your application will be through email only, please check your email regularly.** |

|  |  |
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|  | *(Please insert your digital signature here)* |

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| --- | --- | --- | --- |
| **Signature:** |  | **Date (DD/MM/YY)** | /    / |

Please kindly send this application form to [register@gyltlc.org](mailto:register@gyltlc.org) after completing it.