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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 atps@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 after completing it.