



1x1 ID

TRAINING APPLICATION FORM

Instructions: Please write or type your answer clearly and submit to ATI RTC VI, Banga, Aklan
 Telefax (036) 267 6786 or email at pas_rt6@ati.da.gov.ph / vianneyojerio114986@gmail.com

A. Personal profile					
1. Title (Mr/Ms/Mrs):	First Name:	Middle Name:	Last Name:		
2. Sex:	3. Civil Status:	4. Mobile/ Telephone No.:	5. Fax No.:	6. Email Address:	
7. Food Restrictions:					
8. Date of birth (month/day/year):			9. Current Age:		
10. Home address (Barangay, Municipality, Province):					
11. Special/Interpersonal Skills:					
B. Language proficiency (Indicate your language/dialect ability, whether FAIR, GOOD or EXCELLENT)					
12. Language/Dialect	Reading	Speaking	Listening		
English					
Filipino/Tagalog					
Others (pls specify)					
C. Educational background					
13. a. Highest Educational Attainment					
<input type="checkbox"/> PhD <input type="checkbox"/> MS/MA/MPS <input type="checkbox"/> BS/BA <input type="checkbox"/> Diploma/Certificate <input type="checkbox"/> Other (please specify) _____					
b. Field of Specialization:					
c. Name and Address of School:				Year Obtained:	
14. a. Eligibility:				Year Obtained:	
D. ICT Skills					
15. Indicate your level of proficiency (FAIR, GOOD, or EXCELLENT) in using the following programs:					
MS Word _____ MS Powerpoint _____ MS Excel _____					
Others (specify) _____					
16. Computer/ICT Tools Ownership (Please check and indicate if personal, official of both)					
Desktop/Laptop: _____ Tablet/IPAD _____ Smartphone _____ Others: _____					
17. Social Network Account (Please check if you have a personal account)					
<input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Yahoo <input type="checkbox"/> Other _____					



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E. Current Employment		
18. Official Job Title/ Designation:	19. Status of Appointment: _____ How long (no. of years) are you serving as Municipal Agriculturist/OIC-MA/Municipal Agriculture Officer? _____	
20. Name and complete Address of Office/Organization: Office of the Provincial Agriculturist/New Capitol Building, San Jose, Antique		
21. Date of Employment (mm/yyyy): 11/09/2015		
22. Main Duties and Responsibilities (Please indicate Managerial/Supervisory and Field Functions)		
Nature of job (ex. training)	% Time Spent (ex. 50%)	Area of Field of Specialization (ex. Rice program)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
F. Relevant Trainings Attended/Conducted		
23. A. Trainings attended (recent 3 years)		
Title of Training	Sponsor	Date Attended
B. Trainings conducted (recent 3 years)		
Title of Training	Sponsor	Date Conducted



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G. Participant's Statement of Interest		
24. Personal expectations: State why you wish to participate, what you see as its practical use in your work, and specific knowledge and skills you want to acquire.		
25. Organizational benefits: State how your organization, colleagues and/or projects could benefit from your attendance to the course.		
H. Others		
26. Person to notify in case of emergency: _____		
27. Relationship: _____	28. Contact Number: _____	29. Email: _____

Please Check if you agree with the statement:

_____ 1. I am commitment and dedicated to finish the 17-day training and serve as EXTENSION MANAGER AND TRAINER of my municipality or province.

_____ 2. I am physically and mentally fit to undergo intensive training.

_____ 3. I certify that all the statements given in this application are true, complete and correct.

_____ 4. I understand that any false or erroneous required information withheld shall constitute sufficient cause for refusal for inclusion in the course, if selected.

Signature of Applicant: _____ Date Signed: _____