

**Application Form**

*Deadline for application is 5 PM*

*(GMT+7) on June 23rd 2018.*

**Passport Photo**

**3 X 4**

*\*Please fill in your details in BLOCK CAPITALS.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***PERSONAL DETAILS*** | | | |
| Full name |  | | |
| Known as (if different) |  | | |
| Address |  | | |
|  |  | Postcode |  |
| Phone number |  | | |
| Email address |  | | |
| Date of birth |  | | |
| Age |  | | |
| Size of T-shirt |  | | |
| Gender |  | | |
| Marital status |  | | |
| Nationality |  | | |
| Passport number |  | Expiry Date |  |
|  |  | | |
| SCHOOL INFORMATION | | | |
| University |  | | |
| Faculty |  | | |
| Department |  | | |
| Country |  | | |
|  |  | | |
| ***SPECIAL REQUIREMENTS*** | | | |
| Please specify any special dietary  requirements (halal, kosher,  vegetarian, allergies, etc.): |  | | |
| Please specify any medical condition  you suffer from AND any medication  taken: |  | | |
| Any other special requirements or any  other sensitivities we should be aware  of (including allergies to medicine  etc.): |  | | |
|  | | | |
| *In approximately 500 words, please tell us your motivation for applying, what knowledge you seek to gain, and how UM iCamp program would benefit from your attendance.* | | | |
|  | | | |

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| --- | --- | --- | --- |
| *In approximately 500 words please share your personal experiences in school or your community as it relates to the previous short essay.* | | | |
|  | | | |
|  | | | |
| ***EMERGENCY CONTACT DETAILS*** | | | |
| Full name |  | Relationship to  participant |  |
| Mobile phone number |  | | |
| Address  (if different from above) |  | | |
|  | | | |
| ***EQUAL OPPORTUNITIES MONITORING*** | | | |
| Your ethnic origin |  | Your religion (if  any) |  |
| Do you have a  disability? (Please  specify) |  | | |
| How did you hear about  UM iCamp? |  | | |
|  | | | |
| ***PHOTOGRAPHS*** | | | |
| Please note that we may use photographs and video taken during the programme in our publicity  and promotional material, including our website. Please tick this box if you do not give your  permission for this. | | | |
| ***PARTICIPANT SIGNATURE (by signing this you agree to co-operate with UM iCamp committee and OIA UM staff at all times)*** | | | |
| Signature |  | Date |  |
| ***SIGNATURE OF PARENT/GUARDIAN/LECTURER*** | | | |
| Signature |  | Date |  |
|  |  | | |

Please send your completed form to umicamp@um.ac.id or to address below:

*Office of International Affairs*

*State University of Malang (OIA UM)*

*Jl. Semarang 5*

*Gedung Sasana Budaya Floor 1*

*Malang 65145 – INDONESIA*

*Phone/Fax : +62 341 584759*