***Introduction***

***The Ar Yone Thit Health Care Training Center*** *will provide the student with training opportunities of Nurse Assistant/Assistant Pharmacist subject such as Basic Level(Level A), Intermediate and Advance Level.*

*Eligibility for the Health Care class requires candidates to provide data on their professional and education background. The Information request in this document will remain* ***confidential*** *and used solely for the eligibility assessment purpose.*

**Applicant General Information**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date Of Birth |  |  |
| Sex |

|  |
| --- |
| Male Female  |

 |  |
| Religious |  |  |
| Ethnic Group(Race) |  |  |
| Marital Status |  |  |
| Email Address |  |  |
| Telephone Number |  |  |
| Contact Address |  |  |
|

|  |
| --- |
| Permanent Address  |

 |  |  |
|

|  |
| --- |
| Passport Number  |

 |  |  |

**Level of English Language**

|  |
| --- |
| What is your level of proficiency in English Language(Oral and writhing)  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Beginner |  |  |  |

 | Intermediate | PreIntermediate | Advanced |

|  |
| --- |
| Elementary |

 |

|  |
| --- |
| Don’t Know |

 |
|  |  |  |  |  |  |

Please tick your Level.

Applied Class

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level | Time

|  |  |
| --- | --- |
|  |  |
|  |  |

 | Day |

|  |
| --- |
|  Applying Subject |

 |
|

|  |
| --- |
| Basic Level |
|  |

 |  8:00 Am To 12:00 Pmor 1:00 PM To 4:00 PM(\*Please Tick one ) | 5 days 0r 6 days per week? |  |
|

|  |
| --- |
| Intermediate Level |

 |  | 5 days 0r 6 days per week? |  |
|

|  |
| --- |
| Advance Level |

 |  | 5 days 0r 6 days per week? |  |

Please tick your preferable class /Time/Duration/Major Subject.

Are you also attending other classes/school/university?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr No |

|  |
| --- |
| Name of class/school/university |

 |

|  |
| --- |
| Days |

 |

|  |
| --- |
| Time |

 |

|  |
| --- |
| Subject |

 |
|  |  |  |  |  |
|  |  |  |  |  |

**Attending Purpose**

( please write your purpose why you would like to attend the course) Myanmar or English language

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**Future Plan**

Please very briefly describe your future plan as in what you will do after the class.

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**Referee**

Include who we can refer to in your cases

(1)Name----------------------------------------------------------

 Position ------------------------------------------- (Father/Mother/Uncle etc;)

 Email address--------------------------------------------------

 Telephone Number ------------------------------------------

 Contact Address----------------------------------------------

 Address ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(2) Name----------------------------------------------------------

 Position ------------------------------------------- (Father/Mother/Uncle etc;)

 Email address--------------------------------------------------

 Telephone Number ------------------------------------------

 Contact Address----------------------------------------------

 Address ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Signature of applicant**

*I certify that my statement in answer to the foregoing question is true, complete and correct to the best of my knowledge and belief. If selected as a participant I undertaken to spend the time during the period of the Ar Yone Thit Health Care courses as directed by The Ar Yone Thit Health Care Training center .*

*Signature-----------------------------*

*Name --------------------------------*

*Date --------------------------------*



Ar Yone Thit Myanmar Social Worker Association

No 1 Room c/2, Zayar Thiti Lane,Yangon-Insein Road,Hledan Junction,Kamayut Township,Yangon,

Ph.0973031467(Office),0949230204,0943051677

Contact Person for information about Nurse Aid Course

Daw Soe Soe Lwin

Email

info.aryonethit@gmail.com,

 aryonethitmswa@gmail.com

Website [www.aryonethit.weebly.com](http://www.aryonethit.weebly.com)