***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 | Pre  Intermediate | Advanced | |  | | --- | | Elementary | | |  | | --- | | Don’t Know | |
|  |  |  |  |  |  |

Please tick your Level.

Applied Class

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level | Time   |  |  | | --- | --- | |  |  | |  |  | | Day | |  | | --- | | Applying Subject | |
| |  | | --- | | Basic Level | |  | | 8:00 Am To 12:00 Pm  or  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 ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

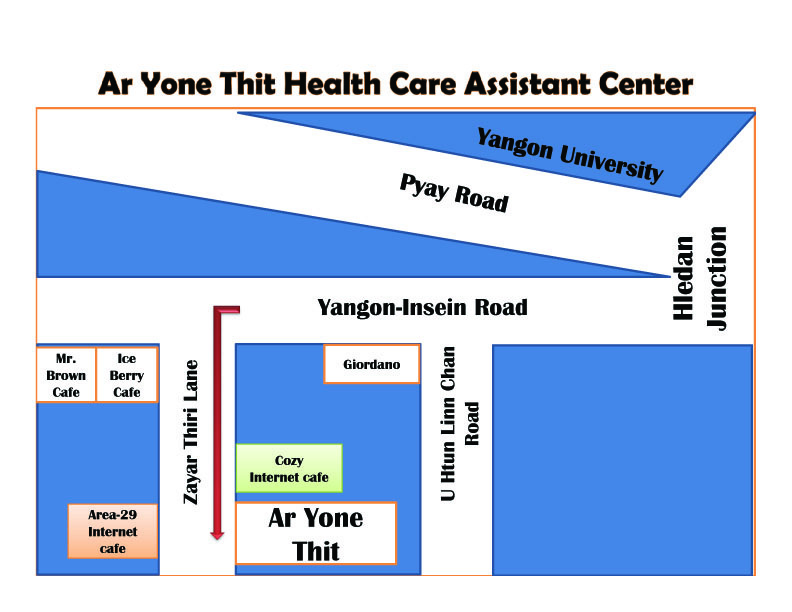
**Signature of applicant**

*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,](mailto:info.aryonethit@gmail.com,              aryonethitmswa@gmail.com)

[aryonethitmswa@gmail.com](mailto:info.aryonethit@gmail.com,              aryonethitmswa@gmail.com)

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