

IMF – Singapore Regional Training Institute Course Application Form

Course Number	Course Name	Application Closing Date	
First Name		Middle Name	
Family Name		Preferred Name (Name you want to be called by)	
Date of Birth (month/day/year)	Birth Country	Birth City	
Nationality	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>

CURRENT JOB INFORMATION

Job Title	Agency Country
Section/Division	Work Phone
Department	Work Fax
Agency Name	Home Phone
Agency Street Address	Alternative Fax Number
Agency City and Postal Code	E-Mail Address

Summarize your duties as they relate to the subject of the course. Please note that the Application will not be processed without adequate description of current duties. **IMPORTANT:** Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. Please confine your description to this space.

PRIOR WORK EXPERIENCE

Previous Job Title			
Name of Agency			
Dates Employed	From	To	From To From To

EDUCATION

Degree/Diploma Received			
Major Subject			
Dates Attended	From	To	From To From To
Institution/University			
Country of Institution			
Language of Institution			

English Language Skills for Non-native English Speakers. Please attach proof of English language proficiency (such as the TOEFL or IELTS score, British Council test, or other certificates).

IMF Institute Staff Reference (if any)	
Date	Applicant's Signature