Aquaculture Department
Southeast Asian Fisheries Development Center
Training and Information Division
Tigbauan, Iloilo, Philippines

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APPLICATION FORM

Training Course: Manpower Development for ABOT AquaNegosyo and ICDSA Projects

Schedule: _____

Name : _____
Surname First Middle

Gender: ☐ Male ☐ Female Age ___ Birth date _____Birthplace _____

Home/Office address:_____
_____

Telephone:_____Fax _____ E-mail _____

Highest educational attainment (indicate specialization) :_____
If still enrolled, indicate school name and address:_____
_____

Occupation/Position:_____Company/Agency:_____

Funding source: ☐ Personal ☐ Funding agency (Pls. write name of agency and address)

SEAFDEC/AQD

Describe your practical experience in aquaculture: _____
_____
_____
_____

Describe your training expectations:_____
_____
_____
_____

Practical skills if any_____
_____

_____
Applicant's name and signature Date of application: _____

Note: *Please send application to Training and Information Division, SEAFDEC Aquaculture Department, 5021 Tigbauan, Iloilo, Philippines. This form should be received before the start of the course.*
Tel. No. (63-33) 330-7030; Fax No. (63-33) 330-7031; E-mail training@seafdec.org.ph, jlebata@seafdec.org.ph.
For more information, visit our website *http://www.seafdec.org.ph.*