



Candidate's Biodata

(Kindly be informed that this biodata form must be submitted and processed through the National Productivity Organization (NPO) of the respective member country. Forms sent directly to the APO Secretariat will not be processed or acknowledged.)

Registration Type (New/Updating)*

APO-ID
apo use only

Project Code:	22-CP-14-GE-WSP-A
Project Title:	Workshop on Enhancing Employee Productivity in the Digital Workplace

A. Personal Data

Name	This will be displayed in your mailing address, certificate, etc. Please type your name with Title Case , instead of typing in all UPPER CASE or in all lower case . (e.g. Kumar Singh, Ming-Yin Lee)					
	Title*			Full Name*		
	(Please specify First, Middle and Last Name below.)					
	First Name		Middle Name		Last Name	
Nationality*				Gender*		
Country of Residence*				Date of Birth*		

B. Present Employment

Please provide only one present position.

Present Position				Since		
Department				Date Joined		
Name of Company/ Organization				URL		
Address (Work)	Address					
	Address Line 2 (Optional)					
	City		States		ZIP Code	
	Country					
Tel (Work)						
e-Mail* (Your work e-Mail)						
Type of Business				Total No. of Employees		
Profit Making Organization*						
Type of Organization*				If Private Enterprise*		

C. Personal Contact

Personal Contact Details	Address (Home)					
	Address Line 2 (Optional)					
	City		States		ZIP Code	
	Country					
	Tel (Home)					
	Mobile phone*					
	e-Mail* (Personal)					

Primary e-Mail to Receive Information from APO*	Work e-Mail	
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Emergency Contact Person	Name					
	Relationship					
	Address					
	Address Line 2 (Optional)					
	City		States		ZIP Code	
	Country					
	Tel*					
e-Mail*						
Dietary Restrictions	Please specify					

D. Academic and Professional Qualifications
For Academic Achievement, List Last Three Only.

Certification /Degree	Major Field of Study	University /Institution	Starting Year	Ending Year	Country

E. Present Job Duties

State your present job duties and other activities in consultancy, training, research, and publication relevant to the project. We may request further information if necessary.

F. Previous Job Experience over the Past 15 Years (please start with the most recent)

For each previous position, please give designation, name of company/organization, period of employment, and brief job description.

Designation	Name of Company	Period (From)	Period (To)	Brief Job Description
		MMM-YYYY	MMM-YYYY	

G. Training / Seminar (last 5 years only)

University/Institute/Org.	Major Field of Training/Seminar	Year

H. Participation in Other APO Projects (last 5 years only)

If yes, please specify below	
Project	Year

I. Actions Taken After Previous Participation

If you participated in any other APO projects in the past 5 years, please detail the follow-up actions you took after participation and how those actions benefited you, your organization, and your country.

Candidates who fail to report follow-up actions after previous project attendance will not be selected.

J. Objective for Participation

Kindly refer to the Project Notification, and state relevancy of project to your work, and indicate your expectation(s) from the project.

K. Tentative Action Plan for Postproject Follow-up

Please summarize your tentative plan for follow-up actions(s) after participating in the project, particularly improvements relevant to the topic of the project within your professional context, i.e., area(s) of your work, aspect(s) of your organization, etc.

This tentative action plan may be revised after attending the project.

L. Areas of Interests

I. Smart Transformation	
-	Industry Transformation
-	Public Sector
-	Smart Services
-	Agriculture Transformation
-	Future Food
II. Capability Development	
-	Strategic Foresight
-	Sustainable Productivity
-	Accreditation Body
-	Centers of Excellence
-	Program Development Fund
-	Digital Learning

M. Declaration by Candidate

✓	I hereby declare that I have read and understood the APO Project Notification for this project. I agree that my personal information to be shared for project purpose. I further declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the project, even when it is in progress. If you agree, please type your name and date below.
Name:	
Date:	DD-MMM-YYYY

N. Confirmation by APO Director/Alternate Director/Liaison Officer

✓	I verify that this candidate meets all the requirements specified in the Project Notification. If you agree, please type your name and date below.
Name:	Gozde Bosnali
Designation:	APO Liaison Officer for Turkey
Date:	28-Oca-2022

APO Medical and Insurance Declaration Form

Only for applicants without any of the health conditions listed in the next section, "APO Medical and Insurance Certification Form" - under item 7 below.

1. Name		
2. Date of Birth		
3. Nationality		
4. Gender		
5. APO Project Code	22-CP-14-GE-WSP-A	
6. APO Project Title	Workshop on Enhancing Employee Productivity in the Digital Workplace	
I confirm that:		
a. I have read carefully the project notification for the above APO project and declare that I have the physical and mental fitness to attend the APO project.		
b. I have had no health conditions listed on the reverse side during the last 5 years and am free from any ailment likely to impair the health of others or affect my participation in the APO project.		
c. I will secure the required comprehensive travel insurance as specified in the project notification for the above APO Project.		
d. I understand that neither APO nor the implementing organization will be liable for any medical or other costs incurred during the project, except for those specifically stated in the Project Notification.		
e. I will bring with me the necessary medications for minor illness as prescribed by my physician since they may not be readily available at the venue of the above APO project.		
Date:	DD-MMM-YYYY	Name:

APO Medical and Insurance Certification Form

Only for applicants with one or more of the health conditions stated under item 7 below

1. Name		
2. Date of Birth		
3. Nationality		
4. Gender		
5. APO Project Code	22-CP-14-GE-WSP-A	
6. APO Project Title	Workshop on Enhancing Employee Productivity in the Digital Workplace	
7. Please indicate "Yes" or "No" if you have had any of the following during the last 5 years:		
a. Tuberculosis, asthma, emphysema, or other respiratory illnesses		
b. High blood pressure, heart bypass, heart attack, or other heart condition		
c. Stomach ulcer, liver disease (hepatitis), gall bladder disease		
d. Kidney disorder, stone or blood in urine		
e. Diabetes, sugar or glucose in blood or urine		
f. Depression, attempted suicide, or other psychological symptoms		
g. Tumor, abnormal growth, cyst, or cancer		
h. Bleeding disorder, blood disease (sickle-cell anemia)		
i. Malaria, cholera, smallpox, or infectious disease		
j. Allergy		
k. Other serious illness (please specify)		
I certify that the above information is true and correct to the best of my knowledge. I understand that neither the APO nor the implementing organization will be liable for any physical or mental problem that I may develop during my participation in the APO project and that I shall be responsible for bringing with me necessary medications as prescribed by my physician since they may not be available at the venue of the project. Further, I understand that I must secure the required comprehensive travel insurance as specified in the project notification for the above APO Project.		
Date:	(DD-MMM-YYYY)	Name:
To be completed by a Physician		
Based on the information above, I have examined the applicant and certify that he/she is free from any ailment likely to impair the health of others and is fit to participate in the APO project referred to on this form.		
Hospital/clinic name:		
Examiner's name & title:		
Examiner's signature:		
Date :	(DD-MMM-YYYY)	
Remarks, if any:		