

ที่ มท ๐๘๑๐.๔/ ๖๖๘๖



กรมส่งเสริมการปกครองท้องถิ่น  
ถนนนครราชสีมา เขตดุสิต กทม. ๑๐๓๐๐

๓๖ มีนาคม ๒๕๕๘

เรื่อง ทูนผีกอบรม ณ ประเทศบรูไน ดารุสซาลาม และมลรัฐฮาวาย ของสหรัฐอเมริกา

เรียน ผู้ว่าราชการจังหวัด ทุกจังหวัด

สิ่งที่ส่งมาด้วย ๑. แบบฟอร์มใบสมัครและข้อมูลทั่วไป (ภาษาอังกฤษ) จำนวน ๑ ชุด  
๒. ข้อมูลประกอบการสมัครรับทุนฯ จำนวน ๑ ฉบับ

ด้วยกรมส่งเสริมการปกครองท้องถิ่น ได้รับแจ้งจากกระทรวงมหาดไทยว่า กระทรวงการต่างประเทศ แจ้งว่า มหาวิทยาลัยบรูไน ดารุสซาลาม (UBD) และศูนย์ East – West Center (EWC) สหรัฐอเมริกา ได้ร่วมจัดหลักสูตร The 11 – Week English Language Programme ภายใต้โครงการ Brunei – U.S. English Language Enrichment Project for ASEAN ระหว่างวันที่ ๗ กันยายน – ๒๑ พฤศจิกายน ๒๕๕๘ ณ ประเทศบรูไน ดารุสซาลาม และมลรัฐฮาวาย ของสหรัฐอเมริกา และกระทรวงการต่างประเทศขอให้เผยแพร่ข้อมูลหลักสูตร Professional Communication for Officers and Diplomats ให้แก่ผู้สนใจทราบ

กรมส่งเสริมการปกครองท้องถิ่น จึงขอความร่วมมือจังหวัดแจ้งข้าราชการในสังกัดสำนักงาน ส่งเสริมการปกครองท้องถิ่นจังหวัด และข้าราชการ/พนักงานส่วนท้องถิ่นทราบ หากมีความประสงค์จะสมัครรับทุน ขอให้ส่งใบสมัครและเอกสารประกอบการสมัครไปที่ “Technical Assistance Division กระทรวงการต่างประเทศ และการค้าบรูไน” ภายในวันที่ ๒๘ เมษายน ๒๕๕๘ หรือส่งไปที่สถานเอกอัครราชทูตบรูไน ดารุสซาลาม ประจำประเทศไทย ภายในวันที่ ๒๑ เมษายน ๒๕๕๘ ทั้งนี้ สามารถดาวน์โหลดแบบฟอร์มใบสมัครและสืบค้น รายละเอียดเพิ่มเติมได้ที่ <http://bruneiusprogramme.org> รายละเอียดปรากฏตามสิ่งที่ส่งมาด้วย

จึงเรียนมาเพื่อโปรดพิจารณาดำเนินการต่อไป

ขอแสดงความนับถือ

(นายชาญนะ เอี่ยมแสง)

รองอธิบดี รักษาการแทน

อธิบดีกรมส่งเสริมการปกครองท้องถิ่น

สำนักพัฒนาและส่งเสริมการบริหารงานท้องถิ่น

ส่วนวิชาการและวิเทศสัมพันธ์

โทร. ๐ ๒๒๔๑ ๙๐๐๐ ต่อ ๒๒๑๒

โทรสาร ๐ ๒๒๔๓ ๑๘๑๒

ข้อมูลประกอบการสมัครรับทุนฝึกอบรม ณ ประเทศบรูไน ดารุสซาลาม และมลรัฐฮาวาย ของสหรัฐอเมริกา  
หลักสูตร Professional Communication for Officers and Diplomats

**๑. คุณสมบัติเบื้องต้นของผู้สมัคร**

- ๑.๑ จบการศึกษาระดับปริญญาตรีจากมหาวิทยาลัยหรือสถาบันการศึกษา ยกเว้นจากประเทศที่ใช้ภาษาอังกฤษ อาทิ สหราชอาณาจักร สหรัฐอเมริกา แคนาดา ออสเตรเลีย และนิวซีแลนด์
- ๑.๒ มีประสบการณ์ในการทำงานไม่ต่ำกว่า ๕ ปี
- ๑.๓ มีความรู้ภาษาอังกฤษอยู่ในเกณฑ์ค่อนข้างดี (เทียบเท่า IELTS ๔.๕ – ๕.๕ หรือ TOEFL iBT ๕๕ คะแนน)

**๒. ค่าใช้จ่ายที่สนับสนุนโดยแหล่งทุน**

- ๒.๑ ค่าโดยสารเครื่องบินจากกรุงเทพฯ ถึงประเทศบรูไน ดารุสซาลาม
- ๒.๒ ค่าโดยสารเครื่องบินจากโฮโนลูลู ถึงกรุงเทพฯ
- ๒.๓ ค่าเบี้ยเลี้ยงสำหรับใช้ในประเทศบรูไน ดารุสซาลาม และโฮโนลูลู
- ๒.๔ ค่าที่พักในประเทศบรูไน ดารุสซาลาม และโฮโนลูลู
- ๒.๕ ค่าเดินทางระหว่างสนามบินกับที่พัก
- ๒.๖ ค่าตรวจลงตรา (VISA)
- ๒.๗ ค่าใช้จ่ายในการทำกิจกรรมส่งเสริมวัฒนธรรม/ทัศนศึกษา

**๓. การจัดทำและส่งใบสมัครและเอกสารประกอบการสมัคร**

- ๓.๑ ขอให้ส่งใบสมัครและเอกสารประกอบการสมัครไปที่ “Technical Assistance Division, Ministry of Foreign Affairs and Trade, Jalan Subok, Bandar Seri Begawan, BD2710, Brunei Darussalam” ภายในวันที่ ๒๘ เมษายน ๒๕๕๘ หรือส่งไปที่ “สถานเอกอัครราชทูตบรูไน ดารุสซาลามประจำประเทศไทย ๑๒ ซอยเอกมัย ๒ ถนนสุขุมวิท กรุงเทพฯ ๑๐๑๑๐” ภายในวันที่ ๒๑ เมษายน ๒๕๕๘
- ๓.๒ สามารถดาวน์โหลดแบบฟอร์มใบสมัครและสืบค้นรายละเอียดเพิ่มเติมได้ที่ <http://bruneiusprogramme.org>

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11/23



## 2015 Application Form

Please complete all parts of this application form electronically  
using the computer fillable option or in PRINT

**Brunei-U.S. English Language Enrichment Project for ASEAN:  
11-Week English Language Programme**

**PLEASE INDICATE THE COURSE THAT YOU WISH TO ATTEND BY TICKING IN THE BOX**

- ☐ Course I: English Enrichment and Professional Development for Teacher-Trainers
- ☐ Course II: Professional Communication for Officers and Diplomats

**I. PERSONAL DETAILS**

Name	(as it appears in your passport or official ID card)		(Affix a recent passport size photo here)
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country I.D. No.	Place of Birth	City:	
		Country:	
Age	Date of Birth (dd/mm/yy)		
Contact Address	Street:		
	City:		
	State/Province:	Postal Code:	
E-mail Address (To be typed or clearly printed)			
Skype Address			
Telephone No.	Mobile No.		

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**2. PASSPORT DETAILS***(Please attach copies of your passport biodata page)*

Passport Number

*(If you do not have a passport, please apply for one as soon as possible and submit a copy to UBD.)\**

Place of Issue

Issue Date

*(dd/mm/yy)*

Expiration Date

*(dd/mm/yy)*

Type of passport to be used for travel to Brunei and U.S.:

☐ Official☐ Regular**\*Important Reminder:**

Your passport must be valid until May 2016 for travelling to Brunei Darussalam and the U.S.  
Please ensure that your passport has at least two blank pages.

**3. SPECIAL REQUIREMENTS**

Dietary Requirements

*(Please specify)*

We do not discriminate against people with disabilities or medical needs and will make all reasonable effort to accommodate their needs. At the same time, please note that insurance coverage in Brunei and the U.S. does not cover pre-existing conditions (including pregnancy) with the individual responsible for the full cost of any treatment. Co-payments may still be involved for medical expenses covered by the insurance provided. Participants will also be expected to sign a waiver of liability upon acceptance into the programme.

Do you have any medical conditions that the university should know about? Information provided will not affect your admission into the programme. If yes, please specify what medical condition. If none, tick the box provided.

Yes ☐ Please Specify: \_\_\_\_\_None ☐**4. EMERGENCY CONTACT DETAILS***(Please give details of your contact in case of any emergency while you are in Brunei Darussalam and the U.S.)*

Name

Relationship

Contact Number

Contact Address

E-mail Address

*(To be typed or clearly printed)*

**5. ENGLISH LANGUAGE PROFICIENCY LEVEL**

Have you taken an IELTS exam or any other English-proficiency tests?

Yes ☐

Date of Exam / Test : \_\_\_\_\_

Name of Exam / Test : \_\_\_\_\_

Overall Band Score: \_\_\_\_\_

*(Please submit a copy of your score report with this application form)*

No ☐

When you are going to take your Exam / Test: \_\_\_\_\_

Name of Exam / Test: \_\_\_\_\_

*(Please submit a copy of your result no later than 15<sup>th</sup> May 2015)*

**6. ACADEMIC DETAILS**

*(Please state your highest academic degree\*)*

Name of institution/  
university

*(Complete Name: Do not use abbreviations)*

Field of study

Date awarded

Degree  
awarded

\*Please indicate if any previous degree was acquired at an English-based university in the United Kingdom, the United States, Canada, Australia, or New Zealand.

☐ No

☐ Yes

Please specify:

Name of institution: \_\_\_\_\_

Year of study : \_\_\_\_\_

Duration of study : \_\_\_\_\_

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7. EMPLOYMENT DETAILS (You may use a separate sheet of paper)				
Current Employment				
Position Title				
Institution	(Complete Name: Do not use abbreviations)			
Employment Address	Street:			
	City:			
	State/Province:		Postal Code:	
Description of Duties:				
<p>For Officer &amp; Diplomats: <input type="checkbox"/> National <input type="checkbox"/> Provincial <input type="checkbox"/> Municipal <input type="checkbox"/> Other: _____</p> <p>For Teacher-Trainers: <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> University <input type="checkbox"/> Other: _____</p>				
Employment History				
Organisation/ Department	Designation	Nature of Job	Period (dd/mm/yy)	
			From	To

**8. MEDICAL REPORT**

(To be completed by a certified physician familiar with the applicant's medical history)

Name of Applicant					
Age		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Height		Weight
Blood group	A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other <input type="checkbox"/>				

Does the applicant have or have had in the past (if yes, please specify)

- a. Chest Pain / High or Low Blood Pressure / Heart Problems e.g. Heart murmur, extra heartbeat or other heart abnormality.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- b. Asthma / Bronchitis / Tuberculosis / Sinusitis / Other Lung Problem  
 (as indicated by chest x-ray dated: \_\_ / \_\_ / \_\_.)  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- c. Fits / Epilepsy / Fainting Attacks / Migraine / Severe Head Injury.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- d. Stomach / Liver (hepatitis) / Gallbladder Disease.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- e. Kidney or bladder condition, stone or blood.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- f. Hernia (rupture) / Genito-Urinary / Rectal Disorder.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- g. Diabetes, sugar in the urine.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- h. Bleeding Disorder / Blood Disease / Sickle Cell Anaemia.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- i. Tumor / Abnormal Growth / Cyst / Cancer.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- j. Tooth or gum disease (periodontal disease).  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- k. Eye Problems / Poor Vision.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_
- l. Ear Problems / Hearing Impairment.  
☐ No ☐ Yes, Please specify: \_\_\_\_\_

Physician Initial / Clinic Seal:

\_\_\_\_\_

## m. Skin Disease.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

n.

## o. Joint disease or injury / Swollen or painful joints.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## p. Back Pain / Spinal Condition / Use of back brace.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## q. Depression / Anxiety / Other Psychological Symptoms.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## r. Gynaecological Disease / Abnormal Menses.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## s. A Carrier Status for any Infectious Disease.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## t. Medical Treatment within the last two years.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## u. Any operations.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## v. Allergy to Medicines / Food / Others.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

Does the applicant require the following:

## a. Routine Medication.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## b. Treatment for any conditions or impairments during the programme.

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

## c. Special Diet

☐ No      ☐ Yes, Please specify: \_\_\_\_\_

After a complete and comprehensive medical examination, please indicate any conditions both physically and mentally that would affect the applicant's ability to carry out intensive training away from home for 3-month period. Activities may include but are not limited to long-distance air travel, field trips that require individuals to be physically fit (e.g. jungle trekking).

Physician Initial / Clinic Seal:

\_\_\_\_\_

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Pregnancy test (for women)			
If positive, please indicate her terms of pregnancy on the following dates:			
5 <sup>th</sup> September 2015:			
24 <sup>th</sup> October 2015:			
21 <sup>st</sup> November 2015:			
I certify that the applicant is medically <b>FIT / UNFIT</b> ( <i>please circle</i> ) to travel and undertake a rigorous 11-Week Programme in Brunei Darussalam and the U.S.			
Name of Physician			
Address of Clinic			
Contact Number		E-mail Address	
Signature of Physician		Seal of clinic	
Date			

## 9. PERSONAL PROFILE

(You may use a separate sheet of paper.)

**Current Occupation and Organisation:**

**Educational Background:**

Professional Background (noting accomplishments or specific projects of note):

Please discuss the following: (in approximately 100 words for each section)

**A) Future Professional Plans:**

**B) Commitment to home country and ASEAN:**

**C) Why you should be selected into this programme:**

**10. HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW IN ANY COUNTRY?**Yes ☐ No ☐

If 'yes' please provide details:

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**11. PHOTOGRAPH AND VIDEO AGREEMENT AND RELEASE FORM**

In connection with the Brunei-U.S. Project with Universiti Brunei Darussalam (UBD) and with the East-West Center (EWC), I authorize UBD and the EWC to photograph, film or otherwise record and use my image and name in connection with related public information programmes and activities and for educational purposes.

Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

## 12. NOMINEE DECLARATION AND SIGNATURE

I \_\_\_\_\_ (name) of \_\_\_\_\_ (country)  
declare that:

- (a) All information contained in this application form, and in all the support documents being provided as a part of this application, is accurate and complete to the best of my knowledge;
- (b) I am medically fit and free from any medical problems which may impair my ability to complete the training in Brunei Darussalam and the U.S.;
- (c) *For expecting female applicants only:* I am \_\_\_\_\_ months pregnant and am / am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Brunei Darussalam and the U.S.; and
- (d) I will be personally liable for all medical expenses incurred during my stay in Brunei Darussalam and the U.S., other than those covered under Group Personal Accident or any equivalent insurance policies offered by The Brunei-U.S. English Language Enrichment Project for ASEAN 11-Week English Language Programme. This insurance **does not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for all medical expenses beyond what is covered by the insurance policy. As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in both Brunei Darussalam and the U.S.

If accepted for the training programme, I undertake to:

- (a) Carry out instructions and abide by such terms and conditions as may be stipulated by nominating and host governments in respect of this training programme;
- (b) Strictly observe course schedules and not miss any training session and organised activities;
- (c) Abide by the rules and regulations of the training institutions in which I undertake to study in or be trained under;
- (d) Refrain from engaging in any political activities and/or any form of employment for profit or gain;
- (e) Discontinue the course should I be found guilty of misconduct or be medically unfit (as advised by an accredited physician) to meet the requirements of the programme; and
- (f) Return to my home country upon completion of the training.

I fully understand that if I fail to comply with the terms and conditions of the training programme, and/or any of the above declaration are found to be untrue, the award will be terminated with immediate effect and I would be liable to depart from the host country of the programme at my own expense.

Signature of  
Nominee

Date

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**13. LETTER OF INDEMNITY****To:****The Government of His Majesty the Sultan and Yang Di-Pertuan  
Negara Brunei Darussalam**

Dear Sir/Madam,

In consideration of your allowing me to do my training with the relevant Government departments/ statutory boards/ institutions in Negara Brunei Darussalam, I \_\_\_\_\_ of Passport Number \_\_\_\_\_ of \_\_\_\_\_ hereby declare that I shall be personally liable for and shall indemnify the Government of His Majesty the Sultan and Yang Di-Pertuan Negara Brunei Darussalam (hereafter, known as the Government of His Majesty) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statutes or common law which may be made or taken against the Government of His Majesty or incurred or become payable by the Government of His Majesty in respect of any medical illness, personal injury (whether fatal or otherwise) to or the death of any person or in respect of any injury or damaged whatsoever to any property, real or personal arising out of or in the course of or by reason of my careless or negligence, omission or default during my training with the relevant Government departments/ statutory boards/ institutions in Negara Brunei Darussalam.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2015

Signature of  
NomineeName of  
Nominee

In the presence of:

Signature of Witness  
(Signee in Section 14)Name of  
WitnessDesignation  
of Witness

**12. OFFICIAL DECLARATION***(To be completed by the Nominating Ministry / Department / Institution)*

On behalf of the government of \_\_\_\_\_ (country) I

\_\_\_\_\_ (name of official) certify that:

- a) I have examined the entire document and accompanying certificates quoted by the nominee of this application and I am satisfied that they are authentic and related to the nominee;
- b) The nominee is in good health and fully able to participate in the 11-week programme including travel to Brunei and the U.S.; and
- c) The nominee has attained a level of proficiency in both spoken and written English to enable him/her to enrol in the programme for which he/she is nominated.

I nominate (Mr/Mrs/Miss/Ms/Dr) \_\_\_\_\_ holding

Passport No.: \_\_\_\_\_

Name of Official		Designation	
Signature		Date	
Name of Organisation	(Complete Name: Do not use abbreviations)		
Address of Organisation			
E-mail Address (To be typed or clearly printed)			
Contact Number	(country code) + (area code) + (office tel. no.)		
Fax Number	(country code) + (area code) + (office fax no.)		

15. CHECK LIST	
(Please attach the following documents to your application form. Forms with incomplete or no supporting documents will not be processed.)	
<input type="checkbox"/>	Two (2) copies of your passport biodata page (if you do not have a passport, it is advisable for you to apply soon and to provide evidence that you have applied).
<input type="checkbox"/>	Copies of your academic qualifications (including exam transcripts)
<input type="checkbox"/>	Evidence of English Language Proficiency
<input type="checkbox"/>	Two (2) reference / recommendation letters

Reminder:

Completed 2015 Application Forms and supporting documents must be submitted to the Brunei Mission / Embassy in your respective countries by 28<sup>th</sup> April 2015.

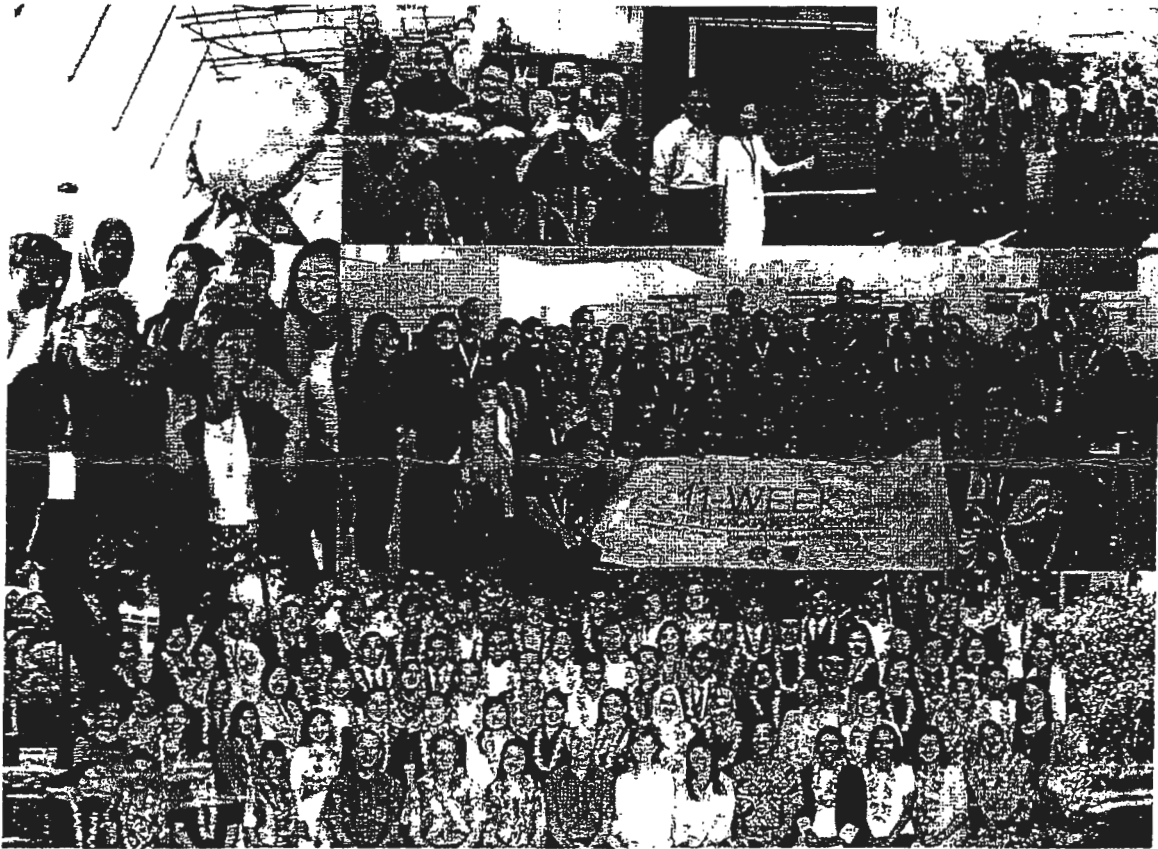


EAST-WEST  
CENTER

THE BRUNEI—U.S. ENGLISH LANGUAGE  
ENRICHMENT PROJECT FOR ASEAN



UNIVERSITY BRUNEI DARUSSALAM



THE 11- WEEK  
ENGLISH LANGUAGE PROGRAMME

GENERAL INFORMATION BROCHURE

2015

## **INTRODUCTION**

Universiti Brunei Darussalam, in collaboration with the East-West Center in Honolulu, Hawai'i, is pleased to be the host organizer of the 11-week English Language Programme.

The 11-week English Language Programme is a major initiative under the Brunei—U.S. English Language Enrichment Project for ASEAN and is aimed at improving English proficiency and at building human capacity in the region.

## **PROGRAMME OBJECTIVES**

- 1) Improve English Language Proficiency
- 2) Build and strengthen English teaching capacity
- 3) Develop new skill-sets (including ICT and Leadership)
- 4) Develop people-to-people linkages
- 5) Strengthen understanding of ASEAN and its cultural diversity

## **COURSES OFFERED**

- Course I: English Enrichment and Professional Development for Teacher-Trainers
- Course II: Professional Communication for Officers and Diplomats

## THE 11-WEEK ENGLISH LANGUAGE PROGRAMME 2015

Each course comprises **six modules**: Two Core and Four Specialised.

### Course I: English Enrichment and Professional Development for Teacher-Trainers

CORE MODULES	SPECIALISED MODULES
English for Teacher-Trainers I	Materials Design and Development
English for Teacher-Trainers II	Teaching Methodology
Refreshers' English*	Integrated Computer Technology (ICT) in English Language Teaching (ELT)
	Peoples and Cultures of ASEAN

### Course II: Professional Communication for Officers and Diplomats

CORE MODULES	SPECIALISED MODULES
English for Officers and Diplomats I	Leadership and Regional Issues in ASEAN (double module)
English for Officers and Diplomats II	New Media Literacies
Refreshers' English*	Peoples and Cultures of ASEAN

*Only for selected participants.*

**MEDIUM OF INSTRUCTION**

All modules will be delivered in English

**NUMBER OF PARTICIPANTS**

70 from all ASEAN countries

**DATE**

7 September - 21 November 2015

**VENUE**

Weeks 1 - 7 at Universiti Brunei Darussalam

Weeks 8 - 11 at the East-West Center

**TARGET PARTICIPANTS**

Course I: English Enrichment and Professional Development for Teacher-Trainers

English language teacher-trainers

Course II: Professional Communication for Officers and Diplomats

Public and foreign service officers who deal with, or are knowledgeable of, ASEAN-related matters

## **ELIGIBILITY:**

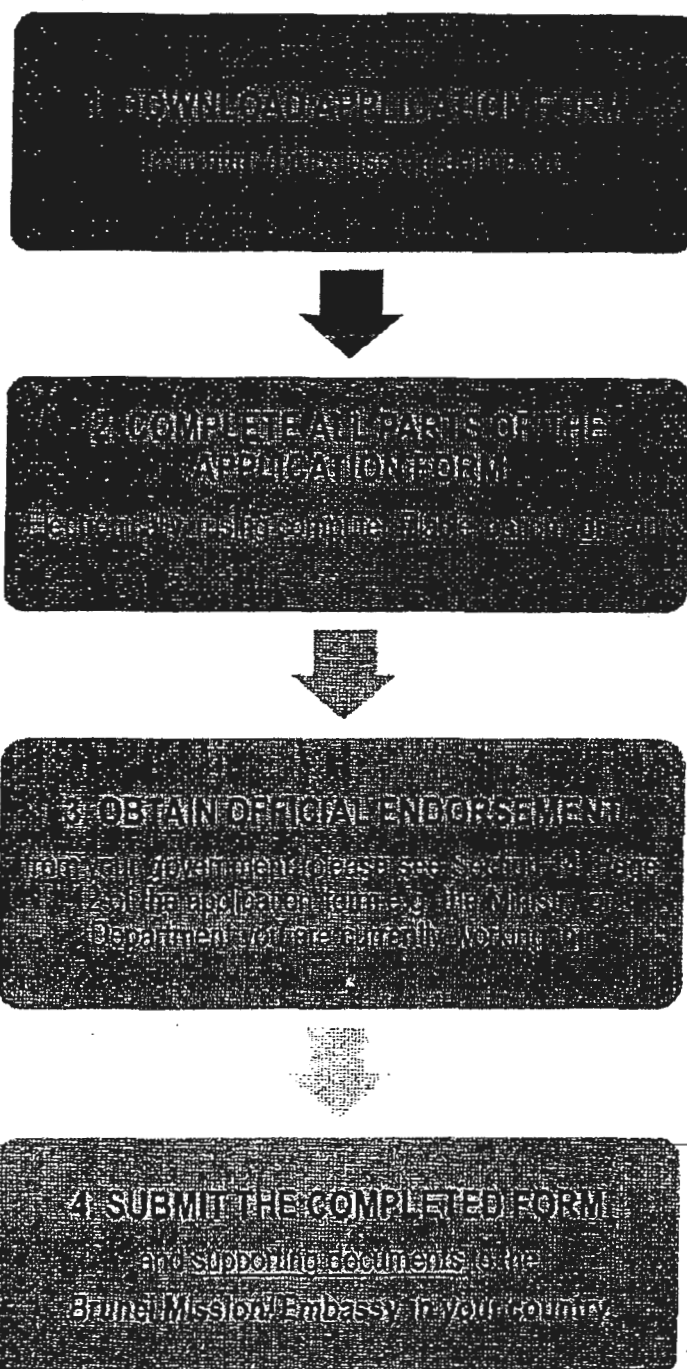
- ♦ A Bachelors degree from a recognized university or institution not from an English-speaking country\*
- ♦ A minimum of 5 years of working experience
- ♦ There are different English qualifications for the two courses which are as follows:
  - ⇒ For those interested in **Course I: English Enrichment and Professional Development for Teacher-Trainers**, the English proficiency level should be at least Upper-Intermediate Level (equivalent to IELTS 5.5 - 6.5 or TOEFL iBT score 80)
  - ⇒ For those interested in **Course II: Professional Communication for Officers and Diplomats**, the English proficiency level should be at least Intermediate level (equivalent to IELTS 4.5 - 5.5 or TOEFL iBT score 55)

*\*Such country include the United Kingdom, the United States, Canada, Australia and New Zealand.*

## **REGULATIONS:**

Participants are required to comply with the following:

- ♦ Carry out instructions and abide such terms and conditions stipulated by nominating and host governments for this training programme;
- ♦ Strictly observe programme schedules and not miss any training sessions and organized activities;
- ♦ Be available full-time to pursue this programme for 11 weeks without interruption;
- ♦ Not to bring any member of their family and/or aide to Brunel and Hawaii for the duration of the programme;
- ♦ Refrain from engaging in any political activities and/or any form of employment for profit or gain;
- ♦ Discontinue the programme if found guilty of misconduct or be medically unfit (as advised by an accredited physician) to meet the requirements of the programme; and
- ♦ Return to home country upon completion of the programme.

**HOW TO APPLY:**

\*Kindly take note that Applications which are submitted directly to Universiti Brunei Darussalam and the East-West Center will NOT be entertained.

\*Incomplete forms or forms with no supporting documents will NOT be processed.

## **APPLICATION**

Completed 2015 Application Forms and supporting documents must be submitted to the Brunei Mission / Embassy in your respective countries by **28th April 2015**.

## **SELECTION PROCESS**

The selection process involves careful, individual reading of each application and will be carried out by the selection committees from both by Universiti Brunei Darussalam and the East-West Center.

Only short-listed applicants will be notified.

In some, but not all cases, applicants may be interviewed at the U.S. Embassies in their respective countries.

The decisions of the selection committees are final and without appeal.

## **CERTIFICATES**

Upon successful completion of this programme, participants will be awarded with a certificate by Universiti Brunei Darussalam and the East-West Center.



## THE GRANT

This programme is sponsored by the Government of Brunei Darussalam. The grant includes the following:

- ⇒ Incoming airfare from main city of country of origin to Brunei
- ⇒ Return airfare: Honolulu to the main city of the country of origin
- ⇒ Per diem allowance in Brunei and Honolulu
- ⇒ Accommodation in Brunei and Honolulu
- ⇒ Health insurance in Brunei and Honolulu
- ⇒ Airport transfers
- ⇒ Visa
- ⇒ Cultural activities/ field trips

## FURTHER INFORMATION

**The Brunei - U.S. English Language Enrichment Project for ASEAN**

Continuing Education Centre

Level 2, Universiti Brunei Darussalam

Jalan Tungku Link, Gadong

Brunei Darussalam BE1410

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