

PASSPORT SIZED RECENT PHOTOGRAPH

#### STUDENT APPLICATION FORM ITMSS 2016 This year ITMSS will be running from 1-18 August 2016. Applications close Sunday, January 31st 2016

All students seeking to apply for ITMSS 2016 must complete this form in its entirety.

#### **PERSONAL DETAILS**

| Last Name:  | First Name:                            |  |
|---|--|--|
| Date of birth:  | Sex: [] Male [] Female                 |  |
| Address:  |  |  |
| Preferred Communication: [] Phone [] Email                                    | Nationality:                           |  |
| Home Number:  | Mobile Number:                         |  |
| Email Address:  | Instant Messenger:                     |  |
| University:   |  |  |
| School Attended: [] Medical   | Native Language/s:                     |  |
| Level: [ ] Student* [ ] Graduate  | Other Language/s:                      |  |
| *Year Level in 2016:  | Passport Number:                       |  |
| [] Pre Clinic [] Clinic   | Passport Expiration Date:              |  |
|   |  |  |
| EMERGENCY CONTACT DETAILS   |  |  |
| Last Name:  | First Name:                            |  |
| Relationship:   | Contact Number:                        |  |
|   |  |  |
| MEDICAL INFORMATION   |  |  |
| Date of last tetanus immunization:  |  |  |
| Is there any other immunization you have taken? [] Yes – please specify [] No |  |  |
|   |  |  |
| Do you have any medical conditions? [] Yes                                    | [] No - If so, please provide details: |  |
|   |  |  |
| Do you have any allergies? [] Yes [] N  | Io - If so, please provide details:    |  |
|   |  |  |
| Will you be taking medication during Summer Section 2015                      | chool? [] Yes – please specify [] No   |  |
| will you be taking metication during Summer S                                 |  |  |
| Student Medicare:   | Health Insurance:                      |  |
|   |  |  |
|   | <b>1</b> of <b>6</b>                   |  |

### **CULTURAL CLASS**

We will hold 3 (three) Cultural Class in ITMSS 2016. Please choose according to your priority.

- [1] Indonesian Music Class
- [2] Bela Diri (Indonesian Martial Arts) Class
- [3] Indonesian Dancing Class

Example : 3,2,1

Your choice :

## HOSTING

For the participant who has a friend from the same country, you can choose to live in a close area. Please mention us whom you want to be placed closer with.

Your friend's name:

### **SOCIAL PROGRAM**

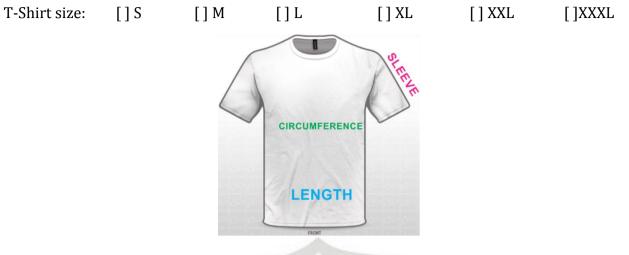
We provide you social programs which you can visit some incredible tourism and cultural objects around Yogyakarta-Indonesia together along with other participants. This social program fee is not included in registration fee. It costs **140 EUR**. If you want to join this social program, you have to pay and transfer it with the registration fee : **550 EUR in total**. Do you want to join this social programme? [] Yes [] No

## LOCAL GSM NUMBER

Will you bring your mobile phone\* during the program? [] Yes [] No If so, would you like to use local GSM number while staying in Indonesia? [] Yes [] No We will provide a local GSM number to each of ITMSS students. This way is intended to conduct an easier communication between students, the organizing committee members, and home stay parents. We will also put in our consideration about the most competitive international call tariff before we choose which provider to use.

\*Indonesia GSM networks range is available to use in only GSM900/1800 and 3G network. Please check your tri-band feature, while quad-band would not have any problem to run in any countries.

# **T-SHIRT DETAILS**



| SIZE | LENGTH | WAIST CIRCUMFERENCE | SLEEVE |
|------|--------|---------------------|--------|
| S    | 66 cm  | 90 cm               | 18 cm  |
| М    | 69 cm  | 96 cm               | 96 cm  |
| L    | 72 cm  | 102 cm              | 22 cm  |
| XL   | 75 cm  | 108 cm              | 24 cm  |
| XXL  | 77 cm  | 118 cm              | 25 cm  |
| XXXL | 80 cm  | 124 cm              | 27 cm  |



## SUMMER SCHOOL EXPERIENCE

Is there any medical summer school you have attended before? [] Yes – please specify [] No

| Name | Торіс | Year | City & Country |
|------|-------|------|----------------|
|      |       |      |                |
|      |       |      |                |
|      |       |      |                |
|      |       |      |                |
|      |       |      |                |
|      |       |      |                |

## **ITMSS 2016 SURVEY**

How do you rate your knowledge in the field of tropical medicine?

| [] None, but I'm eager to know      | [] Beginner*              | [] Experienced in this field*       |
|-------------------------------------|---------------------------|-------------------------------------|
| *If you check one of the boxes with | this (*) sign, please sta | te briefly why you rate yourself in |
| that level.                         |                           |                                     |

| How did you hear about ITMSS 2016 | ? (You can sign more than one checkbox) |
|-----------------------------------|---|
|                                   |   |

| [] Friend/previous ITMSS student | [] Leaflet                           |
|----------------------------------|--------------------------------------|
| [] Email                         | [] Website (including Google search) |
| [] Faculty                       | [] Publication in Medical Conference |
| [] Poster                        |                                      |
| [] Mailing list, please specify  |                                      |

[] Others, please specify \_\_\_\_\_

# **MOTIVATION AND EXPECTED OUTCOMES**

Motivation letter:

In order to raise our students' satisfaction, we will very please if you could state briefly your expected outcomes by joining ITMSS 2016.

# **PAYMENT**

# Cost

### • 410 EUR

- This payment includes: Accommodation (home stay), transportation (arrival from airport to home stay, home stay to venue, any transportation needed during arranged educational and non educational programs, and departure from home stay to airport), one cultural program, and two times meal for the duration of the Summer School.
- This payment does not include: Tour and social programs activities to tourism objects, banking transfer, health insurance, visa and travel expenses.

### • 550 EUR

- This payment includes: Tour and social programs to tourism objects, accomodation (home stay), transportation (arrival from airport to home stay, home stay to venue, any transportation needed during arranged educational and non-educational programs, and departure from home stay to airport), one cultural program, and two times meal for the duration of the Summer School.
- This payment does not include: Banking transfer, health insurance, visa and travel expenses.

# \* Additional accommodation

Students will receive free accommodation during period of arrival on two days before the program starts, and departure until two days after the program ends at hostfam's house. Please indicate to Liaison Officer if any extra nights of accommodation are required. (Students will be charged an extra EUR 6 per night). Please note that additional accommodation covers accommodation only. Students are responsible for paying for their own food and transportation during the free/charged extra nights. Travel itinerary should be confirmed to the Liaison Officer one week before arrival or departure.

- ✓ Payments that have been made are not refundable.
- ✓ Before the ITMSS 2016 starts, changes to the Terms and Conditions are possible to be made by the Organizing Committee without any permission from the students.

If there are any changes have been decided, the Liaison Officer will inform all students immediately.

# **METHOD OF PAYMENT**

### \* Bank Transfer

We will start the payment period from **February 1st – 10th, 2016**. The official bank account will be announced soon to the applicants via email.

If you have any problem with this method of payment, feel free to contact us.

(date) 2016

Signature here

- ✓ Please print this form after you fill in its entirety, and sign it with written signature.
- ✓ Send a color scanned document of this form to: itmss.indonesia@gmail.com, and bring the original form when you join this program.