## **CHINESE WOMEN'S ASSOCIATION**

Social Service Leaders Exchange Programme

## **Application Form**

Attach passport photo here

| 1) Personal Information                                                                                                                                     |           |                           |   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|---|--|--|
| Last name                                                                                                                                                   |           | First name                |   |  |  |
| Email                                                                                                                                                       |           | ·                         |   |  |  |
| Address                                                                                                                                                     |           |                           |   |  |  |
|                                                                                                                                                             |           |                           |   |  |  |
| Telephone<br>number                                                                                                                                         | ( )       |                           |   |  |  |
| Date of birth                                                                                                                                               | Month Day | Year                      | • |  |  |
| 2) Emergency Contact                                                                                                                                        |           |                           |   |  |  |
| Name of contact person                                                                                                                                      |           | Relationship to applicant |   |  |  |
| Telephone<br>number                                                                                                                                         | ( )       | Address                   |   |  |  |
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| 3) Professional Information                                                                                                                                 |           |                           |   |  |  |
| Title                                                                                                                                                       |           | Years of Experience       |   |  |  |
| Have you had prior experience in attending international/overseas conferences/workshops/attachments/education? <b>Yes/No*</b>                               |           |                           |   |  |  |
| *If Yes, Please state your experiences:                                                                                                                     |           |                           |   |  |  |
|                                                                                                                                                             |           |                           |   |  |  |
| Tick ONE area of specialization that you would be interested in:                                                                                            |           |                           |   |  |  |
| <ol> <li>Family Violence (Adult and Interpersonal violence) :</li> <li>Children and Youth Work :</li> <li>Health and Mental Health Social Work :</li> </ol> |           |                           |   |  |  |

| December your compact is because or professional responsibilities (00 Monds)               |  |  |  |
|--------------------------------------------------------------------------------------------|--|--|--|
| Describe your current job scope or professional responsibilities (80 Words)                |  |  |  |
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| Describe the specific areas of your professional development or work responsibilities that |  |  |  |
| you hope to develop through your participation in this programme (200 words)               |  |  |  |
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| Describe significant contributions that you have made in your employment or in your local  |  |  |  |
| social service sector. (200 words)                                                         |  |  |  |
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| As part of your participation in this programme, we would also hope to be able to learn from your experiences in your local context. Examples would include working with poverty, supporting social enterprise, innovative interventions in case management, social work practice in developing countries, etc. |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Please State</b> some of the topics or areas of interests that you are willing to share on. (100 Words)                                                                                                                                                                                                      |  |  |  |  |
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| Submission checklist (please tick to indicate documents are enclosed)                                                                                                                                                                                                                                           |  |  |  |  |
| Cover letter of application                                                                                                                                                                                                                                                                                     |  |  |  |  |
| CV and relevant certificates                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Two letters of recommendation                                                                                                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| STATEMENT OF ACCURACY                                                                                                                                                                                                                                                                                           |  |  |  |  |
| I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Fund.                                                                                |  |  |  |  |
| Signature: Date:                                                                                                                                                                                                                                                                                                |  |  |  |  |