****Instructions: Please fill out/check the appropriate boxes with the correct information. Send your completed form to cpu.opapp@gmail.com or mail it to the Office of the Presidential Adviser on the Peace Process with the address 10/F Agustin I Building, F. Ortigas Jr. Avenue, Ortigas Center, Pasig City, Metro Manila, 1600. Kindly provide us also a 2x2 photo with white background taken in the last six months.

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| **BASIC INFORMATION** |
| PREFIX (Mr./Ms.,etc.) | LAST NAME/SURNAME | FIRST NAME/GIVEN NAME |
|  |  |  |
| MIDDLE NAME | NICKNAME/SHORT NAME | SUFFIX (Jr.,Sr.,etc.) |
|  |  |  |
| AGE | SEX | DATE OF BIRTH | PLACE OF BIRTH |
|  |  |  |  |
| RELIGION | ETHNICITY | LANGUAGE/DIALECTS |
|  |  |  |
| HOME ADDRESS (HOUSE NUMBER, APT, PO BOX, STREET ADDRESS) |
|  |
| CITY/TOWN | PROVINCE/REGION | POSTAL CODE/ZIP CODE |
|  |  |  |
| COUNTRY | MOBILE NUMBER | EMAIL ADDRESS |
|  |  |  |
| SCHOOL/UNIVERSITY (Write N/A if Not Applicable) | SCHOOL/UNIVERSITY ADDRESS |
|  |  |
| ORGANIZATION | POSITION IN THE ORGANIZATION |
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| **OTHER INFORMATION DETAILS** |
| ADVOCACY/IES1.2.3. | ALREADY ATTENDED PEACE CAMP OR PEACE TRAINING ACTIVITY/IES* Yes, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
 |
| TYPE OF ACCOMMODATION* Live-In
* Live-Out
 | SPECIAL DIETARY NEEDS (e.g. food requirement/preference, food allergies) |
| Do you have any health issues/problems we should be aware of? | PHOTO/VIDEO CONSENT:* I consent to OPAPP’s use of any photograph or video recording that are taken of me while participating in the Peoples’ Peace Tables activity to be used in its Information, Education and Communication materials.
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| **ESSAY** |
| STATEMENT OF EXPERIENCE: In 500 words (minimum of 200 words), please describe relevant work and/or personal experience that motivate you to join the Youth Peace Table Training-Workshop. (Please use separate sheet if necessary). |
| STATEMENT OF INTENT: In 500 words (minimum of 200 words), please describe your overall objectives for joining the training-workshop. Please indicate the ways in which you expect to apply what you learned in the activity, be it in your personal life, in your community or at work. (Please use separate sheet if necessary). |
| WHERE DID YOU LEARN ABOUT THE PEOPLES’ PEACE TABLE INITIATIVE/ACTVITY?* Online
* Peoples’ Peace Table Facebook
* Peoples’ Peace Table Instagram
* OPAPP Website
* Conference/Forum
* Invitation
* Others: Specify \_\_\_\_\_\_\_\_
 |
| I hereby certify that all the above information is true and correct to the best of my knowledge.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Participant Name and Signature)Endorsed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name, Designation and Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Office/Organization)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) |
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*Note: Please note that applicants must be endorsed by their respective organization heads/supervisor in order to be considered in the training.*