

INADATA TEACHER FELLOWSHIP PROGRAM 2022 APPLICATION FORM

***** NOTE: PLEASE TYPE. APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH. *****

I. PERSONAL INFORMATION:

Name: _____
Family Name/Surname **Given Name**

(Name must correspond exactly with passport or travel documents)

Date of Birth: _____
(Day / Month / Year) E.g. 03/March/1970

City of Birth: _____

Country of Birth: _____

COMPLETED APPLICATION SHOULD INCLUDE:

- 2 Letters of Recommendation
- 1 Passport Photograph
- 1 Photocopy of Passport/KTP Page **(front page only)**
- Signed and Initialed Conditions of Training **(page 8)**
- Medical Clearance Documentation **(upon acceptance into the program)**
- Signed Photo Consent Form **(page 9)**

Home Address: _____

Number, Street _____

City or Town _____

Post Code _____

Gender: MALE FEMALE

_____ Personal Mobile Telephone

_____ Personal Email Address

II. CURRENT EMPLOYMENT:

_____ Teaching Subject(s)

_____ School

_____ Number, Street

_____ City or Town and Postal Code

Dates of Current Employment:

From: _____ To: Present

_____ Work Telephone

_____ Work Email Address

Description of your current place of employment and your duties and responsibilities:

III. PREVIOUS EMPLOYMENT:

A) Dates of Previous Employment:

From: _____ To: _____

School

Teaching Subject(s)

Number, Street

Supervisor's Name

City or Town

Supervisor's Telephone

Country and Postal Code

Organization Telephone

Description of your place of employment and your duties and responsibilities:

B) Dates of Previous Employment:

From: _____ To: _____

School/Organization

Position/Teaching subject(s)

Number, Street

Supervisor's Name

City or Town

Supervisor's Telephone

Country and Postal Code

Organization Telephone

Description of your place of employment and your duties and responsibilities:

IV. PROPOSED TRAINING PROGRAM:

A) What technical subjects, topics, courses and/or fields do you want to study?

(It is important to give a detailed description of the training you want. INADATA will use this information to help design your training program in the United States. Continue on back of page, if necessary.)

B) U.S. Contacts Already Established:

(Please list the name, address, and telephone number of professionals in your field in the United States with whom you already have contact.)

Name

Name

Name

Title

Title

Title

Company

Company

Company

Address

Address

Address

Telephone

Telephone

Telephone

V. TRAINING BENEFITS:

How will your employer use your training when you return from the United States?

VI. SUPERVISOR'S (SCHOOL PRINCIPAL'S) RECOMMENDATION FOR APPLICANT'S TRAINING:

(Please have your supervisor complete the following questions. Provide an English translation if necessary.)

A) What do you want the applicant to learn while in the United States for training?

B) How will the applicant's training be used by the organization/school upon his/her return?

Supervisor's Signature

Title

Date

VII. ACADEMIC EDUCATION AND TRAINING EXPERIENCE:

A) Academic Education:

Name of Institution	Degree	Dates of Completion	Language of Instruction/ City and Country of Instruction

B) Training: (List additional training received in home country or other countries)

Training Name/Field of Study	Dates	Language of Instruction/ City and Country of Instruction

C) Awards, Honors, Scholarships Received, Publications, Professional Memberships:

VIII. NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY:

Name

Home Telephone

Relationship

Mobile Telephone

Number, Street

Email Address

City or Town

Country and Postal Code

IX. ATTACHMENTS:

Please include with your application the following attachments:

- 1.) 1 passport photograph**
- 2.) 2 letters of recommendation (one from current or previous principal and one from fellow teacher)**
- 3.) 1 photocopy of international passport page (front page only)**

INADATA FELLOWSHIP PROGRAM
CONDITIONS OF TRAINING

Name of Fellow _____
(FAMILY NAME/SURNAME, Given name, Other names)

Province, Regency, City _____

If I am accepted to receive teacher training under the INADATA Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to INADATA Program regulations and procedures for the duration of my training program. I will adhere to the arrival and departure dates stated in the Official Call Forward Letter. I agree to arrive in the U.S. (City and State) as indicated in the Official Call Forward Letter and depart for my home country from the U.S. (City and State) as also indicated in the Official Call Forward Letter. Upon my return, I agree to provide feedback to training providers and INADATA as requested. I will not seek extension of the period of my program but will return to my country (Indonesia) without delay upon completion of my training acquired under this program. I also agree to conform to all laws of the United States.

Furthermore, I thoroughly understand the following requirements and policies of the INADATA Fellowship Program:

I. Attendance of Fellows at Conferences and Meetings:

Attendance of fellows at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the INADATA Fellowship training program.

II. Conditions for Termination of Training Programs:

INADATA reserves the right to terminate the training program of those Fellows who:

- A. Change the course of study or depart the program without authorization from the INADATA Fellowship Program.
- B. Fail to show sufficient interest in or to pursue effectively their training program.
- C. Have severe mental or physical health problems.
- D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- E. Marry during training without securing prior INADATA approval.
- F. Have in any way falsified information on the application and/or supporting documents.

III. Travel:

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for *air* travel to and from Los Angeles or their specified arrival/departure site. Fellows are not permitted to rent or drive vehicles during their INADATA Fellowship Program.

IV. Financial Support:

The applicant is aware that the financial support provided by the INADATA Program is for training fees, emergency medical insurance, domestic transportation, lodging and food only. The daily maintenance allowance is based on INADATA rates and is adequate for modest lodging and food.

The INADATA Fellowship program does NOT cover the cost of international airfare.

Please initial here to indicate you understand this requirement. _____

Do you have guaranteed/approved funding from your company or organization? Yes No

V. Health and Insurance:

It is a requirement before arrival in the United States that every fellow has a physical examination and be determined to be in good health. Proof of medical fitness (a signed letter from a medical doctor within 1 month of the program start date) is required before you will be allowed to travel to the United States as an INADATA Fellow. The insurance provided to the Fellow while in the United States will cover only **EMERGENCY** medical care and **DOES NOT** cover pre-existing conditions, prescriptions, dental or optical work. In addition, the Fellow may be responsible for paying the established deductible (\$100.00) for each occurrence. **I understand that INADATA and its training providers are not responsible for any costs related to medical care while in the United States.**

VI. Debts and Obligations:

The Fellow will be responsible for all debts and financial obligations incurred while in the United States.

VII. English Language Proficiency:

All participants are required to be at least an average level in the oral and written usage of the English language.

Please initial here to indicate you understand this requirement. _____

Signature below indicates agreement to and understanding of the Conditions of Training.

Applicant Signature

Date

PHOTO CONSENT/RELEASE

I hereby consent to the royalty-free use by INADATA of photograph(s) taken of me by employees/representatives of INADATA of any reproduction of the photograph(s) in any form, in any media, for any purpose in connection with INADATA, world-wide, free and clear of any claim whatsoever on my part.

I also consent to the use with the photograph(s) of my name and any comments I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that this consent includes consent to INADATA to use the photograph(s), with or without my name and any comments, for educational, promotional, and outreach purposes, and to use alone or in conjunction with other types of material, including use on the Internet and other means of public display.

I hereby release INADATA, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comment(s).

I am of legal age.

Applicant Signature _____

Date _____

(Please Print)

Name _____

Telephone _____

Address _____