BM.02.HTQT.QT01

## GIẤY ĐĂNG KÝ CHO KHÁCH QUỐC TẾ VÀO LÀM VIỆC TẠI TRƯỜNG ĐẠI HỌC Y TẾ CÔNG CỘNG (TIẾNG ANH)

***Registration for international visitors / partners***

|  |  |
| --- | --- |
|  | Name (CAPITAL LETTERS as shown in Passport) ....................................................................................................First name: Family name: |
|  | Date of birth: (DD/MM/YYYY): / / |  |
|  | Sex: Male / Female / Other |
|  | Nationality: …………………………………………………………………………………… |
|  | Passport number: …………………………………………..…………………………..………….. |
|  | Place/Date of issue: ………………………………………………………………………………….. |
|  | Working position or affiliation / title: ………………………………………………………………………………..… |
|  | Contact detail:Telephone number: ……………………. E-mail: …………………….....Mailing address: ………………………………………………………….………………………………………………………………………………………………………… |
|  | Expected date of arrival: (DD/MM/YYYY): / / |
|  | Expected duration of stay: …………………………………………………….……………………………... |
|  | Purpose of visit *(Pls. circle the appropriate option)* | 1. Participate into training courses, conduct internship / fellowship programs, conduct research project for thesis / dissertation, etc. as student, research fellow and/or volunteer2. Give lectures / facilitate workshop, seminar / Provide technical support / consultancy / advisory works3. Attend workshop / conferences / forum, or similar exchange programs, activities4. Other (*please specify*): …………………………………………. |
|  | Specific objectives (if applicable):.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………… |
|  | Who will be your counterpart / coordinator in Viet Nam (*please specify the name of the staff at HUPH who will be the counterpart during your visit, if you have more than one counterpart, including non-HUPH partners, please specify at least one main contact person at HUPH*):………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………. |
|  | Emergency contact: full name, relationship, address, phone number and email (*please specify in detail*)…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………................................. |
| 1. I
 | Guarantor / Referee: For visitor who come to HUPH as student / volunteer / research fellow, please provide full name, affiliation and contact details of at least one person (e.g. your professor / supervisor) who know you very well………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 1. O
 | If visa application required (that may involve the invitation letter issued by Hanoi University of Public Health), please also provide passport details as scanned copy via email (in PDF or JPEG format) to Dept. of External Relations & Cooperation – HUPH contact person: Ms. Le Thi Thanh Ha: ltth2@huph.edu.vn |
|  | Other support: Please specify in detail if you need: 1) logistic support / accommodation arrangement during your stay; 2) transportation guidance and support (to/from airport):………………………………………………………………………………….**NOTE:** *All visitors are required to provide tentative agenda / work plan of the visit attached with this form. The counterpart at HUPH (name specified in item # 13 above) assists the visitors to complete this form as well as to work out such documents. The HUPH staff will then submit the document to Dept. of External Relations & Cooperation. For those who plan to come as student / research fellow, volunteer, exchange visitor or consultant, other documents might be required (including updated CV with name of referee, research protocol, confirmation of financial support, copy of passport with personal details and photo).* |

*Date: / /*

***Signature / Name of Visitor***

***(or HUPH counterpart on behalf)***