

UNIVERSITY OF COLOMBO
DIPLOMA COURSE IN DISASTER MANAGEMENT
(Through distance leaning/online)



Please return this from to:

Course Coordinator,
Diploma in Disaster Management,
Department of Medical Education,
Faculty of Medicine,
Kynsey Road,
Colombo 08.

Tel : 0112695300 Ext. 243
Email: director@medarc.cmb.ac.lk

Please read the notes at the back before completing this from. This application form will be photocopied before it is sent to admissions tutors and therefore it is important that you write neatly using block capitals in blank ink or typescript. **Incomplete application forms submitted without ALL the supporting documents will delay the decision process.**

1. Personal details

Title : (Dr/Mr/Mrs/Miss/Ms etc)	Date of Birth (dd/mm/yy) : Age:
Name in full:	Surname with initials:
	Nationality:
Office Address:	Home Address:
Office Telephone Number:	Telephone Number:
Mobile Number:	NIC No.:
Email :	Fax Number:

To which of the above address should the correspondence be directed to :

Home

Office

2. How you heard about this course

Please indicate how you heard of this programme:(Please tick)

Flyer News paper Friend Internet Private visit other (please specify)

3. Educational /Academic / Professional qualifications

Applicants should list all qualifications in date order. Please attach evidence of all known results.

Degree	Year	Institution	Result

4. Work experience healthcare setting

Please give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job title and nature of Work/ training	Name of Organization	From (month/year)	To (month/year)	Full or Part - time

5. GCE (O/L) Examination

Please attach evidence of the results

Year of examination	Result for English

6. Fee status

How will you be financed if you are selected to this course.

7. Personal statement

Please state your reasons for choosing the course, and relevant work experience to support your application and entry to course. Continue on a separate sheet of paper if necessary.

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8. References

Names and addresses of two referees (If possible, references should be sent with this form, in sealed envelopes.) Please see guidance note 10.

9. Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the Notes for Guidance, in particular those relating to this section. I understand these instructions and I agree to abide by the conditions set out there.

Signature of Applicant _____ Date _____

IMPORTANT NOTE

University of Colombo will take all reasonable steps to provide the educational service set out in its prospectuses. University of Colombo does not undertake any absolute obligation whatsoever to provide an educational service in the manner specified in its prospectuses or in any other document, nor does it undertake any other obligation in respect of the provision of an educational service which is more onerous than the obligations set out therein.

Should you become a student of university of Colombo, this notice shall be a term of any contract between yourself and the University. Any offer of a place made to you by University of Colombo is made on the basis that in accepting such an offer you signify your consent to the incorporation of this notice as a term of any such contract.

Notes for guidance

General

Before completing the form, **please ensure that you read these notes carefully. Incomplete application forms submitted without ALL the supporting documents will delay the decision process**

The Data Protection

The information which you give on your form will be used for the following purposes:

- To determine your eligibility for entry to the course of Disaster Management
- To enable University of Colombo to compile statistical reports.
- To enable University of Colombo to initiate your student record.
- To share information with other government departments (e.g. Ministry of Disaster Management & Human Rights), local authorities.

Section 1 Personal details

Complete this section in BLOCK CAPITALS

Section 2

Please state how you heard about this course. If got information about this course in any other means other than that given, please specify it in the box given below.

Section 3 Examinations

Enter the degree, the year obtained and name of the institution **in full**. If you have any other qualification equivalent to degree, please state it **in full**, with the year and the name of the institution.

Section 4 work experience

Please include all your work experience and training in healthcare setting, paid or unpaid, full or part-time. This information will be used by admissions staff in assessing the information provided in section 8.

Section 5 G.C.E (O/L) English result

Please specify your G.C.E.(O/L) English result with the year of examination

Section 6 Personal Statement

Enter here any information you may wish to offer in support of your application. Admissions Tutors will be interested in your reasons for choosing the area of study, your career aspirations and relevant experience.

Information concerning your intellectual, social, sporting or other interests should also be included. You should give details here of any non-examined subjects which you are studying. If you have been out of education for some time please outline any relevant experience that may be taken into account in lieu of formal qualifications. It may also be helpful if you explain any breaks in your career.

Section 7 fee status

Please state how you will fund for follow of this course.

Section 8 References

Two academic references must be sent or one academic reference and one work reference. Referees must comment on your likely ability to follow and succeed on the Diploma course in Disaster Management.

Section 9 Declaration

Any offer of a place which you may receive is made on the understanding that in accepting it you agree to abide by the rules and regulations of University of Colombo and by signing this form you are confirming your agreement to this. **Any false information provided or misrepresentation can mean withdrawal of any offer made.**