



### Candidate's Biodata

(Kindly be informed that this biodata form must be submitted and processed through the National Productivity Organization (NPO) of the respective member country. Forms sent directly to the APO Secretariat will not be processed or acknowledged.)

Registration Type (New/Updating)\*

APO-ID  
apo use only

Project Code:	22-CP-26-GE-TRC-A
Project Title:	Training Course on Green Productivity

#### A. Personal Data

Name	This will be displayed in your mailing address, certificate, etc. Please type your name with <b>Title Case</b> , instead of typing in all <b>UPPER CASE</b> or in all <b>lower case</b> . (e.g. Kumar Singh, Ming-Yin Lee)				
	Title*	Full Name*			
	(Please specify First, Middle and Last Name below.)				
First Name	Middle Name	Last Name			
Nationality*	Gender*				
Country of Residence*	Date of Birth*				

#### B. Present Employment

Please provide only one present position.

Present Position	Since			
Department	Date Joined			
Name of Company/ Organization	URL			
Address (Work)	Address			
	Address Line 2 (Optional)			
	City	States	ZIP Code	
	Country			
Tel (Work)				
(Your work e-Mail)e-Mail*				
Type of Business	Total No. of Employees			
Profit Making Organization*				
Type of Organization*	If Private Enterprise*			

#### C. Personal Contact

Personal Contact Details	Address (Home)				
	Address Line 2 (Optional)				
	City	States	ZIP Code		
	Country				
	Tel (Home)				
	Mobile phone* (Personal)				
	e-Mail* (Personal)				

Primary e-Mail to Receive Information from APO*	Work e-Mail	
--	-------------	--

Emergency Contact Person	Name				
	Relationship				
	Address				
	Address Line 2 (Optional)				
	City	States	ZIP Code		
	Country				
	Tel*				
	e-Mail*				
Dietary Restrictions	Please specify				

**D. Academic and Professional Qualifications**

*For Academic Achievement, List Last Three Only.*

Certification /Degree	Major Field of Study	University /Institution	Starting Year	Ending Year	Country

**E. Present Job Duties**

*State your present job duties and other activities in consultancy, training, research, and publication relevant to the project. We may request further information if necessary.*

**F. Previous Job Experience over the Past 15 Years (please start with the most recent)**

*For each previous position, please give designation, name of company/organization, period of employment, and brief job description.*

Designation	Name of Company	Period (From)	Period (To)	Brief Job Description
		MMM-YYYY	MMM-YYYY	

**G. Training / Seminar (last 5 years only)**

University/Institute/Org.	Major Field of Training/Seminar	Year

**H. Participation in Other APO Projects (last 5 years only)**

If yes, please specify below	
Project	Year

**I. Actions Taken After Previous Participation**

If you participated in any other APO projects in the past 5 years, please detail the follow-up actions you took after participation and how those actions benefited you, your organization, and your country.

Candidates who fail to report follow-up actions after previous project attendance will not be selected.

--

**J. Objective for Participation**

Kindly refer to the Project Notification, and state relevancy of project to your work, and indicate your expectation(s) from the project.

--

**K. Tentative Action Plan for Postproject Follow-up**

Please summarize your tentative plan for follow-up actions(s) after participating in the project, particularly improvements relevant to the topic of the project within your professional context, i.e., area(s) of your work, aspect(s) of your organization, etc.  
This tentative action plan may be revised after attending the project.

--

**L. Areas of Interests**

I. Smart Transformation	
-	Industry Transformation
-	Public Sector
-	Smart Services
-	Agriculture Transformation
-	Future Food
II. Capability Development	
-	Strategic Foresight
-	Sustainable Productivity
-	Accreditation Body
-	Centers of Excellence
-	Program Development Fund
-	Digital Learning

**M. Declaration by Candidate**

	I hereby declare that I have read and understood the APO Project Notification for this project. I agree that my personal information to be shared for project purpose. I further declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the project, even when it is in progress. If you agree, please type your name and date below.	
	Name:	
	Date:	DD-MMM-YYYY

**N. Confirmation by APO Director/Alternate Director/Liaison Officer**

	I verify that this candidate meets all the requirements specified in the Project Notification. If you agree, please type your name and date below.	
	Name:	Gozde Bosnali
	Designation:	APO Liaison Officer for Turkey
	Date:	6-May-2022



