KONSULAT JENDERAL REPUBLIK INDONESIA
CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA
134 Adelaide Terrace East Perth, WA 6004

INDONESIAN SPEECH AND STORY TELLING CONTEST 2017
Application Form

Participating for ☐ Speech Contest ☐ Story Telling Contest

A. Personal Details

1.Name

a. Family name / Surname

b. First or given name(s)

2.a. Date of birth

d d - m m - y y

b. Place of birth

3. Sex ☐ Male ☐ Female

4. Nationality

5. Passport Number

6.a. Permanent address in home country

b. Telephone number **(include country code)**

c. e-mail address

7.a. Occupation

b. Name of employer or school/university

B. Academic Background

School/University / Higher Education Institution	Subject	Degree obtained / expected	Year

C. Travels

Countries	Reason	Year

D. Document Checklist

Document	Check (insert ✓ mark)
Completed Application Form	
Speech Script / Story Telling Script	
Copy of Passport	
Student ID / Photo ID (if applicable)	
Photo size 4x6	
CV	

I state that the information I provide above are true.

Date:

Signed:

Name: