Participant’s Information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participant’s Name ; | Surname First name | | | | | |
| Age | Years | | | | Gender | Female / Male |  |
| Company Name |  | | | | | |
| Section/Department |  | | | | | |
| Title; |  | | | | | |
| Practical Experience   * YES * N O | **Please check Ｘ if you have**  **a practical experience** | | | **Years of Experience** | | **Please describe major experiences/ major projects** |
|  | Engineering  (Planning, Designing) | | years | |  |
|  | Procurement | | years | |  |
| Site Experience   * YES * N O |
|  | Construction | | years | |  |
|  | Others | | years | |  |
| Most Prioritized  Topics  to learn from this program | **Please select one of the most prioritized topics and check X In □box** | | | | | |
| * Pre-Contract Activity | | | | | |
| * Planning | | □ Schedule control  □　Cost planning and management  □　Risk management  □　Communication management  □　Project information management | | | |
| * Project Execution | | | | | |
| * Controlling & Closing | | * Project control * Value Management * Closing Procedure | | | |
| * Others (Please specify) | | | | | |

**Please note the name filled above will be transcribed for the individual certificate.**