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**မသန္စြမ္းသူမ်ား၊ လူငယ္မ်ား၊ အမ်ိဳးသမီးမ်ား၊ တိုင္းရင္းသားမ်ားနွင့္ LGBTIQA မ်ားအတြက္**

**ျငိမ္းခ်မ္းေရးျဖစ္စဥ္မ်ားတြင္ ပါဝင္ေဆာင္ရြက္ျခင္းဆိုင္ရာ အသိပညာေပးသင္တန္း နွင့္ နုိင္ငံေရးသိပၸံသင္တန္း(ဒုတိယအၾကိမ္)**

**ေလွ်ာက္လႊာပုံစံ**

အမည္ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (in English) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

က်ား/မ/အျခား : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ လူမ်ဳိး : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ပညာအရည္အခ်င္း : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ေမြးဖြားရာဇာတိ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ယခုလက္ရွိေနထိုင္သည့္လိပ္စာ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ေမြးသကၠရာဇ္ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ မွတ္ပံုတင္အမွတ္ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ဖုန္းနံပါတ္ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ အီးေမးလ္ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| * ကုိယ္အဂၤါခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * အျမင္အာ႐ုံခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * အၾကားအာ႐ုံခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * ဥာဏ္ရည္ပုိင္းဆုိင္ရာခ်ဳိ႕ယြင္းအားနည္းသူ * မသန္စြမ္းမႈ/ခ်ိဳ႕ယြင္းအားနည္းမႈမရွိသူ * မသန္စြမ္းမႈတစ္မ်ိဳးထက္ပိုသူ |  |
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မသန္စြမ္းမူအမ်ဳိးအစား

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မသန္စြမ္းမႈျဖစ္ရသည့္အေၾကာင္းအရင္း

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| --- | --- |
| * ေမြးရာပါ |  |
| * ေမြးရာပါမဟုတ္ဘဲအျခားေသာ အၾကာင္းအရာမ်ား |  |
| * မိုင္းထိျခင္း/စစ္ပြဲတြင္ဒဏ္ရာရျခင္း |  |
| * အျခား |  |
|  |  |

ဆက္သြယ္/သြားလာေရးအတြက္ လက္ရွိအသုံးျပဳေနသည့္ အေထာက္အကူျပဳကိရိယာ -------------------------ယင္းအေထာက္အကူျပဳကိရိယာကုိ အခ်ိန္ပုိင္း (သုိ႕) အခ်ိန္ျပည့္ အသုံးျပဳပါသည္။

မီလီမွ ေဆာင္ရြက္ဖူးေသာ နိုင္ငံ့သားအသိပညာေပးသင္တန္းမ်ား၊ေရြးေကာက္ပြဲနွင့္နုိင္ငံေရးဆုိင္ရာသင္တန္းမ်ားတြင္ ပါဝင္တက္ေရာက္ဖူးပါသလား?

တက္ေရာက္ဖူးပါသည္ မတက္ေရာက္ဖူးပါ

ျငိမ္းခ်မ္းေရးဖိုရမ္မ်ား/ေတြ ့ဆံုေဆြးေႏြးပြဲမ်ားတြင္ ပါဝင္တက္ေရာက္ဖူးပါသလား?

တက္ေရာက္ဖူးပါသည္ မတက္ေရာက္ဖူးပါ

ပါ၀င္ေဆာင္႐ြက္လွ်က္ရွိေသာ အဖြဲ႕အစည္းအမည္ -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

အျခား တက္ေရာက္ဖူးေသာ နိုင္ငံေရးဆိုုင္ရာ သင္တန္းမ်ား

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အဘယ္ေၾကာင့္ ယခုသင္တန္းကို တက္ေရာက္လိုပါသနည္း။ (စာေၾကာင္းေရ ငါးေၾကာင္းခန္႔)

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ဤသင္တန္းတက္ေရာက္ၿပီးပါက သင္တန္းမွရ႐ွိလာေသာ အေတြ႕အႀကဳံဗဟုသုတမ်ားကုိအေျခခံကာ ျပန္လည္လုပ္ေဆာင္မည့္ သင္၏လုပ္ငန္းအစီအစဥ္မ်ားကုိ ေဖၚျပပါ။

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ျမန္မာနိုင္ငံမသန္စြမ္းသူမ်ားေရွ႕ေဆာင္အဖြဲ႔၏နယ္ရံုးခြဲမွျဖစ္ပါက ရံုးခြဲအမည္နွင့္ရာထူး/တာ၀န္အားေဖာ္ျပရန္။

ရံုးခြဲအမည္ -

**အထက္ပါအခ်က္အလက္မ်ားမွာ မွန္ကန္ျပီး ယခုသင္တန္းတြင္ အခ်ိန္ျပည့္ ပါ၀င္တက္ေရာက္ပါမည္။**

**ေလွ်ာက္ထားသူလက္မွတ္ -----------------------------------**

**ေလ်ာက္ထားသည့္ ေန႔ရက္ ---------------------------------**

လုပ္ေဆာင္ေနသည့္ရာထူး/တာ၀န္ -

**အမွန္တကယ္ တက္ေရာက္ႏိုင္သူမ်ားသာ ေလွ်ာက္ထားျပီး ေလ်ာက္လႊာပံုစံအား ျပည့္စံုစြာ ျဖည့္စြက္ေပးပါရန္နွင့္**

**သင္တန္းသားမ်ား၏ Personal Assistantအတြက္ စီစဥ္ေဆာင္ရြက္ထားျခင္း မရွိပါေၾကာင္း ၾကိဳတင္အသိေပးအပ္ပါသည္။**