

မသန္စြမ္းသူမ်ားႏွင့္ အဖြဲ႕အစည္းမ်ားအတြက္

**အေရးဆိုတင္ျပျခင္းဆိုင္ရာ ဆရာျဖစ္သင္တန္း** ေလွ်ာက္လႊာ

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

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

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

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

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

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

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

တက္ေရာက္လိုေသာသင္တန္းအပတ္စဥ္ း \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

မသန္စြမ္းမႈအမ်ိဳးအစား

|  |  |
| --- | --- |
| * ကုိယ္အဂၤါခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * အျမင္အာ႐ုံခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * အၾကားအာ႐ုံခ်ဳိ႕ယြင္းအားနည္းသူ |  |
| * ဉာဏ္ရည္ပုိင္းဆုိင္ရာခ်ဳိ႕ယြင္းအားနည္းသူ * မသန္စြမ္းမႈ/ခ်ိဳ႕ယြင္းအားနည္းမႈမရွိသူ * မသန္စြမ္းမႈတစ္မ်ိဳးထက္ပိုသူ |  |
|  |  |

မသန္စြမ္းမႈျဖစ္ရသည့္အေၾကာင္းအရင္း

* ေမြးရာပါ
* ေမြးရာပါမဟုတ္ဘဲ အျခားေသာအၾကာင္းအရာမ်ား
* မိုင္းထိျခင္း/စစ္ပြဲတြင္ဒဏ္ရာရျခင္း
* အျခား (ေရးသားေပးရန္) -

ဆက္သြယ္သြားလာေရးအတြက္ လက္ရွိအသံုးျပဳေနသည့္အေထာက္အကူျပဳကိရိယာ

ယင္းအေထာက္အကူျပဳကိရိယာကုိ အခ်ိန္ပုိင္း (သုိ႕) အခ်ိန္ျပည့္ အသုံးျပဳပါသည္။

မီလီမွ ဖြင့္လွစ္ခဲ့ၿပီးေသာ နိုင္ငံသားအသိပညာေပးသင္တန္းမ်ား၊ေရြးေကာက္ပြဲနွင့္နုိင္ငံေရးဆုိင္ရာသင္တန္းမ်ားတြင္ ပါဝင္တက္ေရာက္ဖူးပါသလား?

တက္ေရာက္ဖူးပါသည္ မတက္ေရာက္ဖူးဘူးပါ

ျငိမ္းခ်မ္းေရးဖိုရမ္မ်ား/ေတြ ့ဆံုေဆြးေႏြးပြဲမ်ားတြင္ ပါဝင္တက္ေရာက္ဖူးပါသလား?

တက္ေရာက္ဖူးပါသည္ မတက္ေရာက္ဖူးဘူးပါ

ပါ၀င္ေဆာင္႐ြက္လ်က္ရွိေသာ အဖြဲ႕အစည္းအမည္ -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

အျခား တက္ေရာက္ဖူးေသာ မသန္စြမ္းမႈဆိုင္ရာသင္တန္းမ်ား

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

အဘယ္ေၾကာင့္ ယခုသင္တန္းကို တက္ေရာက္လိုပါသနည္း။ (စာေၾကာင္းေရ ငါးေၾကာင္းခန္႔)

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ဤသင္တန္းတက္ေရာက္ၿပီးပါက သင္တန္းမွရ႐ွိလာေသာ အေတြ႕အႀကဳံဗဟုသုတမ်ားကုိအေျခခံကာ ျပန္လည္လုပ္ေဆာင္မည့္ သင္၏လုပ္ငန္းအစီအစဥ္မ်ားကုိ ေဖၚျပပါ။

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ျမန္မာနိုင္ငံမသန္စြမ္းသူမ်ားေရွ႕ေဆာင္အဖြဲ႔၏နယ္ရံုးခြဲမွျဖစ္ပါက ရံုးခြဲအမည္နွင့္ရာထူး/တာ၀န္အားေဖာ္ျပရန္။

ရံုးခြဲအမည္ -

အထက္ပါအခ်က္အလက္မ်ားမွာ မွန္ကန္ျပီး ယခုသင္တန္းတြင္ အခ်ိန္ျပည့္ ပါ၀င္တက္ေရာက္ပါမည္။

ေလွ်ာက္ထားသူလက္မွတ္ -----------------------------------

ေလွ်ာက္ထားသည့္ ေန႔ရက္ ---------------------------------

လုပ္ေဆာင္ေနသည့္ရာထူး/တာ၀န္ -

**(ယခုေလွ်ာက္လႊာမွာ စီမံကိန္းဧရိယာမ်ားျဖစ္သည့္ ရန္ကုန္တိုင္းေဒသႀကီး၊ ပဲခူးတိုင္းေဒသႀကီး၊ ဧရာဝတီတိုင္းေဒသႀကီးႏွင့္ ရခိုင္ျပည္နယ္တို႔ရွိ မသန္စြမ္းသူမ်ားႏွင့္ မသန္စြမ္းအဖြဲ႕အစည္းမ်ားမွ ေလွ်ာက္ထားရန္အတြက္ျဖစ္ၿပီး မသန္စြမ္းအမ်ဳိးသမီးမ်ား ေလွ်ာက္ထားရန္ အထူးအားေပးပါသည္။)**