**Application Form for the Youth Network for Health Membership Regional Malaria Civil Society Organization (CSO) Platform, GMS**

The Regional Malaria Civil Society Organization (CSO) Platform, GMS, is looking for member for the Youth Network for Health (YNH). The roles and responsibilities of the member, as well as the expectations, can be found in terms of reference (annex) of this application form for your reference.

**Important note**: Candidate must meet the following criteria to be applied.

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| **Eligibility for the Youth Network for Health Membership** |
| * Be individual between the age of 18 - 30 * Be resident and/or national of one of 5 GMS countries: Cambodia, Lao, Myanmar, Thailand and Vietnam * Have interest to engage with health advocacy and implementation activity * Applicants belonging to indigenous groups, minority groups, with special needs, disabilities, or in any situation of vulnerability are strongly encouraged to apply |

**Application for**

I would like to submit a request for membership of Youth Network for Health (YNH). I have read the TOR carefully and agree with the terms for members. With this submission I confirm my voluntary support to Malaria Free Mekong (malaria CSO platform) in coordination and networking with youth for health advocacy and activities in the Mekong countries.

Firstname: ........................................................ Lastname: ......................................................

Age: ............... Nationality: ............................ Residency(current): ......................................

Language (Native): ........................................... Other spoken language(s): ............................

Signature: .......................................................

Date: ..........................................................

**INSTRCUTION**

Please send the following **required documents** to the CSO Platform Secretariat by **– 30 September 2022**

* ***Completed Application Form***
* ***CV (1 Page Maximum)***

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| No. | CSO Platform Secretariat | Email address |
| *1* | Kittibhorn Punpieng | [KittibhornP@WeAreAlight.org](mailto:KittibhornP@WeAreAlight.org) |
| 2 | Janjira Lintong | [JanjiraL@WeAreAlight.org](mailto:JanjiraL@WeAreAlight.org) |

**Annex 1:** Terms of Reference for Youth Network for Health