# Cooperation Plan with Academic Institutions, Research Institutes or Centers of Excellence Under the Cluster Investment Promotion Policy

## Company Information

1. Company Name (Thai): _____

2. Company Name (English): _____

3. Project Address: _____

_____

Amphoe _____ Province _____ Zip Code _____

4. Telephone: _____ Facsimile: _____

5. E-mail: _____

## Detail of Cooperation

6. Product/Service: _____ Activity No.: _____

7. Capital Investment: _____ million baht

8. Shareholders: Thai _____ % Foreign _____ % (Nationality _____ )

9. Type of Cooperation:

- ☐ Dual Vocational Education and Training Program (Please complete Form A)
- ☐ Cooperative Education Program (Please complete Form B)
- ☐ Work-Integrated Learning (WiL) (Please complete Form C)
- ☐ Talent Mobility (TM) (Please complete Form D)
- ☐ Other (please specify): (Please complete Form E)

_____

_____

**Please complete the cooperation form. Supplementary sheets may be attached if additional space is required.**

## Cooperation in a Dual Vocational Education and Training Program Proposal

1. Name of the cooperating academic institution(s): (Can specify more than 1 institution/field of study)

| Name of the institution | Field of study | Province |
|---|---|---|
| | | |
| | | |

2. Total number of employees in the project applying for promotion: _____ employees

3. Total number of students to be admitted to the training program: _____ students Divided into

☐ Vocational certificate _____ ☐ Vocational diploma _____

4. Student trainee ratio (%): _____ of the total number of employees in the project applying for promotion

5. List of **vocational certificate** programs

| Program | Objective/Description |
|---|---|
| (1) | |
| (2) | |
| (3) | |

Note: Please attach supplementary sheets for more than 3 programs.

6. List of **vocational diploma** programs

| Program | Objective/Description |
|---|---|
| (1) | |
| (2) | |
| (3) | |

Note: Please attach supplementary sheets for more than 3 programs.

7. Period of operation: from (month/year) _____ to (month/year) _____

| Month/Year | Action Plan |
|---|---|
| | |
| | |
| | |

8. Estimated period of training per 1 student: _____

9. Training location : _____

_____

Amphoe _____ Province _____

10. Name of the company coordinator: _____ Telephone: _____

11. Name of the academic institution coordinator (if any): _____ Telephone: _____

12. I hereby declare that the information contained herein is true and accurate.

Signature _____

Name _____

Position _____

Date _____

Form B

## Cooperation in a Cooperative Education Program Proposal

1. Name of the cooperating academic institution(s): (Can specify more than **1** institution/faculty/department/field of study)

| Name of the institution | Faculty | Department/Field of study | Province |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

2. Total number of employees in the project applying for promotion: _____ employees

3. Total number of students to be admitted to the training program: _____ students

4. Student trainee ratio (%): _____ of the total number of employees in the project applying for promotion

5. List of programs

| Program | Objective/Description |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| | |

Note: Please attach supplementary sheets for more than 3 programs.

6. Period of operation: from (month/year) _____ to (month/year) _____

| Month/Year | Action Plan |
|---|---|
| | |
| | |
| | |

7. Estimated period of training per **1** student: _____

8. Training location: _____

_____

_____

Amphoe _____ Province _____

9. Name of the company coordinator: _____ Telephone: _____

10. Name of the academic institution coordinator (if any): _____ Telephone: _____

11. I hereby declare that the information contained herein is true and accurate.

Signature _____

Name _____

Position _____

Date _____

Form C

## Cooperation in a Work-Integrated Learning (WiL) Program Proposal

1. Name of the cooperating academic institution(s): (Can specify more than 1 institution/faculty/department/field of study)

| Name of the institution | Faculty | Department/Field of study | Province |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

2. Total number of employees in the project applying for promotion: _____ employee

3. Total number of students to be admitted to the training program: _____ students Divided into

☐ Vocational diploma _____ ☐ Bachelor's degree _____ ☐ Master's degree _____

4. Student trainee ratio (%): _____ of the total number of employees in the project applying for promotion

5. List of programs

| Program | Objective/Description |
|---|---|
| (1) | |
| (2) | |
| (3) | |

Note: Please attach supplementary sheets for more than 3 programs.

6. Period of operation: from (month/year) _____ to (month/year) _____

| Month/Year | Action Plan |
|---|---|
| | |
| | |
| | |

7. Estimated period of training per **1** student:

8. Training location: _____

_____

Amphoe _____ Province _____

9. Name of the company coordinator: _____ Telephone: _____

10. Name of the project coordinator: _____ Telephone: _____

| For Company | For STI |
|---|---|
| 11. I hereby declare that the information contained herein is true and accurate.<br>Signature _____<br>Name _____<br>Position _____<br>Date _____ | 12. STI hereby approves this WiL cooperation project as it is in accordance with STI stipulated criteria.<br>Signature _____<br>Name _____<br>Position _____<br>Date _____ |

Form D

## Cooperation in a Talent Mobility (TM) Program Proposal

1. Name of the cooperating agency/institution: (Can specify more than 1 agency/institution)

2. Original affiliation:

3. Total number of researchers/specialists to be admitted to the program:

4. Field(s) to cooperate:

5. Scope of cooperation

- ☐ Research and development
- ☐ Technical and engineering problem solving
- ☐ Testing and standard systems
- ☐ Technology management in business
- ☐ Others Please specify:

6. Responsibilities of the researchers/specialists:

7. Period of operation: from (month/year) to (month/year)

| Month/Year | Action Plan |
|---|---|
| | |
| | |
| | |
| | |

Note: Please attach supplementary sheets for more information (if any).

8. Name of the company coordinator: Telephone:

Name of the project coordinator: Telephone:

| For Company | For STI |
|---|---|
| 9. I hereby declare that the information contained herein is true and accurate. | 10. STI hereby approves this Talent Mobility cooperation project as it is in accordance with STI stipulated criteria. |
| Signature | Signature |
| Name | Name |
| Position | Position |
| Date | Date |

Form E

## Other Cooperation Project Proposal

1. Name of the cooperating agency/institution: (Can specify more than **1** agency/institution)

| Name of the institution | Province |
|---|---|
| | |
| | |

2. Field(s) to cooperate:

3. Objectives of the cooperation:

4. Total number of employees in the project applying for promotion: _____ employees

5. Total number of students, researchers or specialists to be admitted to the program: _____ Level _____

6. Student/researcher/specialist ratio (%): _____ of the total number of employees in the project applying for promotion

7. Scope of cooperation:

8. List of programs (if any)

| Program | Objective/Description |
|---|---|
| (1) | |
| (2) | |
| (3) | |

9. Period of operation: from (month/year) _____ to (month/year) _____

| Month/Year | Action Plan |
|---|---|
| | |
| | |
| | |

Note: Please attach supplementary sheets for more information (if any).

10. Name of the company coordinator: _____ Telephone: _____

Name of the project coordinator: _____ Telephone: _____

11. I hereby declare that the information contained herein is true and accurate.

Signature _____

Name _____

Position _____

Date _____