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**APPLICATION/NOMINATION FORM**

**(Typewritten or blocked letters)**

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| **FOR OFFICIAL USE ONLY** | Please affix latest Passport photograph |
| Reference No: |
| Received: |
| Checked: |

|  |  |
| --- | --- |
| Title of Course:**A Training Workshop on “Capacity Building in IBSE for Science Education/Focal Person ECO Region”** | Date, Duration & Venue of Course**23-25 June 2015****Astana - Kazakhstan** |

1. **PERSONAL PARTICULARS**:

|  |  |
| --- | --- |
| Family Name (surname): | Date of Birth (Day/Month/Year) |
| First Name: | Nationality(Citizenship) |
| Other given Names: | Gender:(Male/Female) |
| City and Country of Birth: | Marital Status:(Single/Married) |
| Passport No: | Title & Designation:  |

1. **COMMUNICATION AND MAILING ADDRESS**:

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| --- |
| Applicant’s Office Address: |
| Email Address: |
| Office Phone No: | Office Fax No: |
| Mobile No: |
| Person to be contacted in case of emergency (name, telephone and address): |

1. **EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution and place of Study | Major Field of Study | Year of Study | Degree |
|  |  |  |  |
|  |  |  |  |

1. **EMPLOYMENT RECORD**:

|  |  |
| --- | --- |
| **A. Current Post:** | **B. Previous Post:** |
| Employer: | Employer: |
| Duration of Service | From | To  | Duration of Service  | From  | To |
|  |  |  |  |
| Title of Post: | Title of Post: |
| Name of Supervisor and Title: | Name of Supervisor and Title |
| Type of Organization:Government/Semi Government/Private/NGO | Type of Organization:Government/Semi Government/Private/NGO |
| Main Functions of Organization | Main Functions of Organization |
| Total Number of Employees in Organization | Total Number of Employees in Organization |
| Description of your current work including your responsibilities:*\*Please use supplementary pages if necessary* |

1. **APPROPRIATENESS FOR THIS TRAINING WORKSHOP:**

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| --- |
| Please briefly explain your appropriateness for this training workshop and how you hope to benefit from this programme  |
| Have you participated in any IBSE or La main a la pate training programmes before: YES/NOIf yes; |
| Name of Programme | Date |
|  |  |

1. **PROFICIENCY IN ENGLISH LANGUAGE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Remarks |
| Listening |  |  |  |  |
| Speaking  |  |  |  |  |
| Writing  |  |  |  |  |
| Reading  |  |  |  |  |
| Mother tongue : |
| Do you require interpretation? : |
| If so, to/from which language? : |

1. **MEDICAL REPORT (to be completed by an authorized position):**

|  |
| --- |
| Name of Applicant |
| Age: | Sex: | Height (cm) | Weight (kg) |
| Blood Group: | A | B | AB | O | Other |
| Blood Pressure |
| Is the person examined at present in good health? | Is the person examined physically and mentally able to carry out intensive training away from home? |
| Is the Person free of infectious diseases (AIDS, Tuberculosis, Trachoma, skin diseases, etc?) | Does the person examined have any condition or defect (including teeth) which might require treatment during the workshop? |
| List abnormalities indicated int eh chest x-ray | Pregnancy test (for women only): |
| I certify that the applicant is medically fit to undertake a training workshop |
| Name of Physician:  |
| Address of clinic (printed): |
| Telephone No. (printed): |
| Email Address | Date: |
| Signature of Physician  | Seal of Clinic: |

1. **DECLARATION**:

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| --- |
| Have you ever been convicted by a Court of Law of any country? Yes/NoIf yes, please give brief details: |
| I certify that my statements in answer to the foregoing question are true, completed and correct to the best of my knowledge and belief.If accepted to the training workshop I understand to:1. Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
2. Follow the course of study or training and abide by the rules of the institution in which I undertake to study or train;
3. Refrain from engaging in political activities, or any form of employment for profit or gain;
4. Submit any progress reports which may be prescribed; and
5. Return to my home country promptly upon the completion of my course of studies or training.

I fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.  |
| Signature of Applicant: |  |
| Name: |  |
| Date: |  |

1. **OFFICAIL DECLARATION (to be completed by the Head of Department/Organization):**

|  |
| --- |
| The Government / Organization of ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------nominates ----------------------------------------------------------------------------------------------(name of applicant)for the training workshop and certifies that:1. All information supplied by the nominee is complete and correct;
2. The nominee had adequate knowledge and was appropriately tested for English Language proficiency.

Remarks:-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| Name: | (Signature of responsible Head of Delegation) |
| Designation:Official Seal/StampDate: | Address of Department/Ministry |
| Office Telephone No:Office Fax No:Email Address: |

**APPLICATION AND ENQUIRIES**

All applicants are required to complete the prescribed application form and submit the completed form to the following email address (registry.ecosf@eco4science.org)

**The participants nominated should be involved in science education and preferably with experience as trainers, curriculum developers, science supervisiors and national trainers and/or decision-makers expected to lead the IBSE in the country after the workshop.**

**CLOSING DATE OF APPLICATIONS**

All applications should be submitted to the ECO Science Foundation’s email address (registry.ecosf@eco4science.org) before or by **13 APRIL 2015.**

Application form and brochure can also be downloaded from ([www.eco4science.org](http://www.eco4science.org))