**APPLICATION/NOMINATION FORM**

**(Typewritten or blocked letters)**

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

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| Title of Course:  **Regional Workshop on “Capacity Building in IBSE for Science Education in ECO Region”** | Date, Duration & Venue of Course  **25-29 September 2017**  **Dushanbe - Tajikistan** |

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: |
| Date of Issue: | Expiry Date: |

1. **COMMUNICATION AND MAILING ADDRESS**:

|  |  |
| --- | --- |
| 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 | Years 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:**

|  |  |
| --- | --- |
| 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/NO  If 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 FITNESS CERTIFICATE (to be completed/issued by an authorized medical practitioner):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 in the chest x-ray: | | | | | |
| 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**:

|  |  |
| --- | --- |
| Have you ever been convicted by a Court of Law of any country? Yes/No  If 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/Stamp  Date: | 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](mailto:registry.ecosf@eco4science.org))

**The participants nominated should be involved in science education and preferably with experience as trainers, curriculum developers, science supervisors 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](mailto:registry.ecosf@eco4science.org)) before or by **10 August 2017.**

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