



APPLICATION FOR GROUP TRAINING

Note: This form cannot be used to apply for a fellowship.

If the proposed training is project related, give UNIDO project number: US/INT/12/006
 and title: INTERNATIONAL WORKSHOP ON CLEANROOM TRAINING FOR CRITICAL AND SUSTAINABLE TECHNOLOGIES

1. PERSONAL DATA

<input type="checkbox"/> Female <input type="checkbox"/> Male Family name: <small>(as in Passport)</small> First name: Complete mailing address (office): Inst. Name: Street: P.O. Box: Post Code: Town/City: Region/District: Country: Airport/town nearest to residence:	Date of birth: Place of birth: Nationality: Passport No.: Date of issue: Place of issue: Valid until: Telephone (office): Telephone (home): Fax: e-mail: Web Page: Emergency Phone no.:	Recent photograph of candidate, if available
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2. PRIVATE ADDRESS

3. EDUCATION (commencing with first university degree)

	Years attended		Name and place of institution	Field of study & Diploma/degree
	from	to		

4. KNOWLEDGE OF LANGUAGES

	Read			Write			Speak			Understand		
	Good	Average	Not easily	Good	Average	Not Easily	Good	Average	Not Easily	Good	Average	Not Easily
Mother tongue:												
Other languages												

5. CURRENT EMPLOYMENT

Years of service	Name and place of employer/organization	Title of position	Type of work
From			

6. PREVIOUS PARTICIPATION IN A UNIDO ACTIVITY

Have you participated in a previous UNIDO activity? If yes, please list each activity undertaken in the last 12 months below:

7. PRIMARY OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING

a) Outline the detailed programme of training/detailed subjects of interest within the desired field of study:

b) Outline the roles foreseen by the supervisor or project counterpart upon the applicant's return, and how the training will be of value to meeting the needs of the project objectives:

8. Countries and institutions/firms to be visited

Proposed date(s)/duration

9. MEDICAL CERTIFICATE

I, as a qualified medical doctor, hereby certify that I have examined the above candidate and found him/her in good health, free from infectious diseases and able physically and mentally to carry out any relevant duties away from his/her home.

Date:

Name (printed and signature of examining physician)

11. I hereby certify that the statements made by me in this application are true and complete. If selected for a UNIDO study tour, I undertake to:

- (a) Conduct myself at all times in a manner compatible with my status as a participant of a UNIDO Study Tour;
- (b) Spend the full time during the period of the award as directed by the supervising agency in the country of study and by UNIDO;
- (c) Refrain from engaging in political and commercial activities;
- (d) Submit a report in accordance with the requirements of the UNIDO at the end of the Study Tour;
- (e) Return to my home country at the end of the visit and work in my country;

BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Date

Signature of applicant

CTA's or UR's signatureDate:

Certifying Government official's signature

Title

Date:

(To be completed by UNIDO)
Substantive Branch
RECOMMENDED

NOT RECOMMENDED

Comments/proposals (use extra sheet if so required)

Estimated. max. cost:
US\$

Signature of project manager: _____
Branch/Unit