



## Ifremer Workshop Training Programme

### 2016 APPLICATION FORM

**INSTRUCTIONS:**

Please answer each question clearly. Type or print in ink. If you need more space, attach additional pages.

1. Family Name or Surname		First name		Middle Initial(s)	
2. Date of Birth <small>(Day/Month/Year)</small>	3. Place of Birth	4. Nationality	5. Gender	6. Marital Status	
7. Passport No.		Date of Issue		Place of Issue	
8. Residence Address		Residence Tel No		9. Business Address	
10. Cell No.		11. Fax No.+86-020-82250265		12. Email Address	
<u>13 Emergency Contact:</u>		Relationship		Tel No. <small>(country code-area code-number)</small>	
				Cell No. <small>(country code-area code-number)</small>	
<b>14. Proficiency in <b>French or English</b></b>		Excellent	Good	Fair	Poor
Listening					Remarks
Speaking					
Writing					
Reading					

15. Mother Language		16. Other Language	
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17. Fields/Topics of Scientific Interest	(i)	(ii)	(iii)	(iv)
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18. Education (University or equivalent): Give full details, using the following space insofar as possible

Year Attended		Name and Place of Institution	Field of Study	Diploma or Degree
From	To			

19. Research undertaken *(if any, Highlights, not more than 200 words)*

20. Participation in International Symposia/Workshops and Training Programmes (If any)

21. Indicate how the Workshop Training Programme will Further Your Career *(not more than 500 words)*

22. Employment Records (if any): Starting with your present or most recent post, list in reverse order every employment during the last ten years (if possible) and any significant experience not included in that period which you believe will be helpful in evaluating your record.

Years of Service		Name and Place of Employer/Organization	Title of Position	Responsibilities
From	To			

23. I certify that the statements made by me in reply to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as a participant into the Training Programme, I confirm that I understand and will accept the following conditions:

- 1) To conduct myself at all times in a manner compatible with my responsibilities as a participant of the Training Programme and abide by the rules of the training institution and institutions in which I undertake training;
- 2) To refrain from engaging in political or commercial and any activities other than those governed by the Training Programme;
- 3) To provide all necessary information in a timely manner to the host institution and institutions to be visited so as to ensure the normal administration of the Training Programme;
- 4) To comply with the reporting requirements as stipulated by the Training Programme;
- 5) To return to my home country upon completion of my training programme;
- 6) The International Seabed Authority accepts no responsibility for the medical and life insurance of the trainee or costs and any other responsibilities arising from injury, illness or death that may occur to the trainee during the training period.

Applicant's Name (*in print*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_