

# INTERNATIONAL SEABED AUTHORITY



## Endowment Fund

### Second Institute of Oceanography

#### APPLICATION FORM

<b>INSTRUCTIONS:</b> Please answer each question clearly. Type or print in ink. If you need more space, attach additional pages.					Please affix photo here
1. Family Name or Surname		First name		Middle Initial(s)	
2. Date of Birth <i>(Day/Month/Year)</i>	3. Place of Birth	4. Nationality	5. Marital Status	6. Gender	
7. Passport No.		Date of Issue		Place of Issue	Valid until
8. Residence Address		Residence Tel No <i>(country code-area code-number)</i>		9. Business Address	Office Tel No <i>(country code-area code-number)</i>
10. Cell No. <i>(country code-area code-number)</i>		11. Fax No. <i>(country code-area code-number)</i>		12. Email Address	
<u>13 Emergency Contact:</u> Last Name: First Name:		Relationship		Tel No. <i>(country code-area code-number)</i>	Cell No. <i>(country code-area code-number)</i>
<u>14. Proficiency in English</u>	Excellent	Good	Fair	Poor	Remarks
Listening					
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 *(Highlights, not more than 200 words)*

20. Publication Records, including full publication reference(s) *(do not attach)*

21. Participation in International Symposia/Workshops and Training Programmes

22. Membership of Scientific/Technical Bodies, Professional Societies, etc

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

24. Employment Records: 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			

25. 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 obligations:

- 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 not use my office, knowledge or confidential information gained from the Training Programme for private gain, financial or otherwise, or for the private gain of any third party, including family, friends and those I favor. Nor to use the above-mentioned information for personal reasons to prejudice the position of those I do not favor;
- 4) 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;
- 5) To comply with the reporting requirements as stipulated by the Training Programme;
- 6) To return to my home country upon completion of my training programme and to resume work in my country; and
- 7) Not to extend the length of my training or my stay for personal conveniences.

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

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

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