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| **SESAME FELLOWSHIP APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PERSONAL DATA** | | | |  | | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | Female  Male | | | | | | | | | | | | | |  | | | Date of birth: | | | | | | |  | | | | |
|  | Family name: | | | | | | | | | | | | | |  | | | Place of birth: | | | | | | |  | | | | |
|  | (as in Passport) | | | | | | | | | | | | | |  | | | Nationality: | | | | | | | Recent | | | | |
|  | First name: | | | | | | | | | | | | | |  | | | Passport No.: | | | | | | | photograph | | | | |
|  | **Complete mailing address (office):** | | | | | | | | | | | | | |  | | | Date of issue: | | | | | | | of candidate | | | | |
|  | Institute Name: | | | | | | | | | | | | | |  | | | Place of issue: | | | | | | |  | | | | |
|  |  | | | | | | | | | | | | | |  | | | Valid until: | | | | | | |  | | | | |
|  | Street: | | | | | | | | | | | | | |  | | | Telephone (office): | | | | | | |  | | | | |
|  | P.O. Box: | | | | | Post Code: | | | | | | | | |  | | | Telephone (home): | | | | | | |  | | | | |
|  | Town/City: | | | | | | | | | | | | | |  | | | Fax: | | | | | | | | | | | |
|  | Region/District: | | | | | | | | | | | | | |  | | | E-mail: | | | | | | | | | | | |
|  | Country: | | | | | | | | | | | | | |  | | | Web Page: | | | | | | | | | | | |
|  | **Airport/town nearest to residence**: | | | | | | | | | | | | | |  | | | Emergency Phone no.: | | | | | | | | | | | |
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| 1. **PRIVATE ADDRESS** | | | | | | | | 1. **EDUCATION (commencing with secondary school)** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Years attended** | | | | | | | | **Name and place of institution** | | | | | | | **Field of study & Diploma/degree** | | | | | | |
| from | | to | | | | | |  | | | | | | |  | | | | | |
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| 1. **KNOWLEDGE OF LANGUAGES** | | | | Read | | | | | | | Write | | | | | | | | | Speak | | | | | Understand | | | | |
| Mother tongue:  Other languages | | | | Good | | | Ave- rage | | Not easily | | Good | | | Ave- rage | | | | | Not Easily | Good | Ave- rage | Not Easily | | | Good | Ave- rage | Not Easily | | | |
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| 1. **RECENT EMPLOYMENT RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years of service | | | | | Name and place of | | | | | | | | | | | | Title of position | | | | | | | Type of work | | | | | |
| from | | | to | | employer/organization | | | | | | | | | | | |  | | | | | | |  | | | | | |
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| 1. **DESCRIPTION OF WORK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe in detail (in 200 words) the work you have been doing during the past 3 years (Please attach list of any material you may have published) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PRIMARY OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Outline in at least 200 words the detailed programme of training you require: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Outline in at least 200 words the detailed programme of work you expect to carry out during the next 12 months at your home institute before starting the training you requested: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **HOST COUNTRY(IES)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Indicate the countries where you would like to be trained. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. If you are acquainted with the proposed host country or countries, list the institution where you desire training to be arranged. If known, indicate also the names of the individual(s) under whose direction you would like to work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Indicate how much time you could devote to the training, and the period when you would be available to undertake the training (please keep in mind it may take several months from submission of application to finalise arrangements). Indicate any period when you would *not* be available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. I hereby certify that the statements made by me in this application are true and complete. If selected for a fellowship, I undertake to: 2. Conduct myself at all times in a manner compatible with my status as a recipient of training award; 3. Spend the full time during the period of the award in the training programme as directed by the supervising agency in the country of study; 4. Refrain from engaging in political and commercial activities; 5. Submit reports in accordance with the requirements; 6. Accept no remuneration other than the fellowship stipend and the salary which is paid to me by my own Government or Institution nor render any services against payment or other form of remuneration;   BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED         Date Signature of applicant    Date Signature of supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEDICAL REPORT** |
| INSTRUCTION: To be completed in duplicate by a registered medical practitioner after a thorough clinical and laboratory examination; a chest X-ray should be included only if clinically indicated. The International Atomic Energy Agency reserves the right to require the applicant to undergo a further medical examination before he/she takes up his/her fellowship. |
| Name of applicant:  Date of birth (year-month-day)      -    -     Female  Male Height (cm):     Weight (kg): |
| 1. If the applicant has been under treatment during the last three years, please describe the condition, the treatment and the present status of the disease(s): |
| 1. What medications are regularly taken by the candidate and what is the reason for each? |
| 1. What is the applicant’s normal blood pressure? |
| 1. Is the applicant in good health and able to work at full capacity? |
| 1. Is the candidate able physically and mentally to participate in intensive training away from his/her home? |
| 1. Is the candidate free from infectious diseases (for example tuberculosis or trachoma) which could present risks for the applicant or people with whom he/she will be in contact during his/her period of training? |
| 1. Does the applicant have any medical condition which might require treatment during his/her period of training? |
| 1. (*If applicable*) Are there any abnormalities indicated by the chest X-ray? |
| *Full name and address of examining physician (printed or typed)*      *Date Signature and stamp of the examining physician* |

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| **LANGUAGE CERITIFICATE FOR FELLOWSHIP APPLICANTS** | | | | | | |
| **CERTIFICATE OF KNOWLEDGE OF ENGLISH, FRENCH or SPANISH** (as applicable) | | | | | | |
| Name of the applicant:  Address of the applicant: | | | | | | |
| Type of test administered:  Overall score obtained: | | | | | | |
| Please mark appropriate boxes in sections (1), (2), (3), (4) and (5) below: | | | | | | |
| (1) | ABILITY TO UNDERSTAND | | | |  | |
|  |  | Understands without difficulty when addressed at normal rate | | | | |
|  |  | Understands almost everything, if addressed slowly and carefully | | | | |
|  |  | Requires frequent repetition and/or translation of words and phrases | | | | |
| (2) | ABILITY TO SPEAK | | | |  | |
|  |  | Speaks fluently, accurately and easily intelligible | | | | |
|  |  | Speaks intelligibly, but is not fluent or altogether accurate | | | | |
|  |  | Speaks haltingly, and is often at a loss for words and phrases | | | | |
| (3) | ABILITY TO WRITE | | | |  | |
|  |  | Writes with ease and accuracy | | | | |
|  |  | Writes slowly and/or with only moderate degree of accuracy | | | | |
|  |  | Writes with difficulty and makes frequent mistakes | | | | |
| (4) | READING ABILITY AND COMPREHENSION | | | |  | |
|  |  | Reads fluently with full comprehension | | | | |
|  |  | Reads slowly, but understands almost everything he reads | | | | |
|  |  | Reads with difficulty, and only with frequent recourse to the dictionary | | | | |
| (5) | OVERALL ASSESSMENT | | | |  | |
|  |  | Applicant’s knowledge is sufficient to follow \*academic/\*practical training programme (\*cross out if not applicable): | | | | |
|  | |  | Without further language training | | | |
|  | |  | After       months intensive language training in home country at | | | |
|  | |  | After       months full time training in host country at | | | |
|  | |  | After       months part time language training parallel with technical training in host country | | | |
|  |  | Applicant’s knowledge is insufficient | | | | |
|  |  |  | | | | |
| (6) | Other remarks which may be of value in the development of the applicant’s training programme: | | | | |  |
|  | Language test has been administered by: | | | Name: | | |
|  |  | | | Title: | | |
|  |  | | | Address: | | |
|  |  | | | Date: | | |
|  |  | | | Signature: | | |
|  |  | | |  | | |
| Note: The applicant may be required to undertake language examination(s) to determine proficiency by a representative of the host Government before acceptance is received. Should this be requested the applicant must undertake the test required by the host Government or institution. | | | | | | |