



ICAE ACADEMY OF LIFELONG LEARNING ADVOCACY III

APPLICATION FORM

A) Personal Details

1) Full name (please underline surname)
2) Date of Birth _____ Month Date Year
3) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4) Nationality
5) Mailing/Postal address
6) Telephone number / fax number
7) E-mail

B) Language skills

English						
Listening	[]	excellent	[]	good	[]	poor
Speaking	[]	excellent	[]	good	[]	poor

Writing / reading <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> poor
Mother tongue: _____
Other languages: _____

C) Educational Background

Institution	City / country	Years attended	Degree obtained	Subject

D) Work Experience

Describe present and previous jobs, stating dates, employer / organization, type of employer / organization and post description.

Name of employer	Type of employer	Position held	Post description	Dates

E) National (and/or regional) activist involvement during the last five years

State the organizations / groups you have worked with, the issues / campaigns you have worked on and describe the results (in not more than one page).

F) Local, regional, or global advocacy experience

Give details of any advocacy experience you have had at local, regional and global level, stating when, where, the issues addressed, and describe the results (in not more than one page).

G) Personal statement

Explain the reason why you consider you should be selected and the contributions you think you could make after the event, that is to say, how you plan to use the knowledge and skills acquired through IALLA (in not more than one page).



H) Course expectations

Say what you would like to get out of this course, and what you think you can contribute/bring to it (in not more than one page).

I) Funding for Attendance

(Please place an X in the appropriate space)

_____ I can personally afford the total costs of the course.

_____ I can partially afford the cost of the course. I can pay an amount of USD _____

_____ I have already applied for a scholarship.
(Please specify in which organization)

_____ I have been granted a scholarship
(Please specify by which organization)

_____ I cannot afford the costs of the course.

J) Applicant’s declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge, and in case I am accepted I agree:

- i) not to bring any member of my family.
- ii) to follow the course of study and abide by the rules of institution or establishments with which I undertake to study or train.
- iii) to submit any progress report or evaluation questionnaire which may be prescribed.
- iv) to hold a health insurance or contract one before travelling, in order to cover any possible expenses due to unforeseen health incidentals (at my expense)
- v) to return to my home country at the end of my course of study or training.

Signed..... Date

CHECKLIST

To apply for this course, make sure to send the following documentation to icaeiialla@gmail.com

- Application form
- Curriculum vitae (not more than 4 pages)
- 2 referee letters of recommendation

Deadline: June 30, 2007