**INTERNATIONAL CENTRE FOR ADVANCED MEDITERRANEAN AGRONOMIC STUDIES (CIHEAM)**

**MEDITERRANEAN AGRONOMIC INSTITUTE OF ZARAGOZA (IAMZ)**

**APPLICATION FORM**

**to be returned, with a detailed *Curriculum Vitae* and accrediting documents to:**

MEDITERRANEAN AGRONOMIC INSTITUTE OF ZARAGOZA

Avenida de Montañana 1005 - 50059 Zaragoza (Spain)

Tel.: +34 976 716000 – Fax: +34 976 716001 – e-mail: iamz@iamz.ciheam.org

Web: http://www.iamz.ciheam.org

IF YOU FILL IN THIS FORM BY HAND, PLEASE USE CAPITAL LETTERS

**NB: The forms received via e-mail will be considered only as pre-applications. In order to make an application definitive, a detailed *Curriculum Vitae,* together with accrediting documents, is to be sent to IAMZ.**

**NAME OF THE COURSE YOU WISH TO FOLLOW** (Indicate title and date):

|  |
| --- |
| Insert your **passport-type** photograph here if possible |

# PERSONAL DATA

Family name:

First name:

Sex:

Date of birth (d/m/y):

Nationality:

Private address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

**EDUCATION** (Attach copy of the transcript of records in applications for courses of Master programmes)

UNIVERSITY DEGREE:

University:

Years of study: 19\_\_ - 19\_\_

***(Repeat this section as many times as necessary)***

FURTHER DEGREES:

University:

Years of study: 19\_\_ - 19\_\_

***(Repeat this section as many times as necessary)***

TRAINING STAGES:

**EMPLOYMENT OR ACTIVITY**

University/Institution/Firm:

Faculty/Centre/Delegation:

Department/Section:

Present position:

Present post held since (indicate date):

Work address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

Web:

Previous employments:

**GIVE A DESCRIPTION OF YOUR CURRENT PROFESSIONAL ACTIVITY *(Use all the space necessary*)**

**MOST IMPORTANT PUBLICATIONS RELATED TO THE COURSE *(Use all the space necessary*)**

**REASONS FOR APPLYING TO THIS COURSE (*Use all the space necessary*)**

**NAME AND ADDRESS OF TWO ACADEMIC, RESEARCH OR PROFESSIONAL EXPERTS WHO CAN GIVE REFERENCES ABOUT YOU (*Use all the space necessary*)**

**LANGUAGE KNOWLEDGE** (answer VG= Very Good, G= Good, F= Fair, N= None)

ENGLISH

Read:

Spoken:

Written:

FRENCH

Read:

Spoken:

Written:

SPANISH

Read:

Spoken:

Written:

**ADDITIONAL RELEVANT INFORMATION (*Use all the space necessary*)**

**FINANCIAL SUPPORT**

YOUR PARTICIPATION IN THE COURSE WILL BE FINANCED BY (put X where applicable)

The applicant:

Applicant’s business institution:

Another institution (indicate name):

HAVE YOU APPLIED FOR A GRANT TO ANY OTHER ORGANIZATION? (reply Yes or No and indicate the name of the organization):

REQUEST OF GRANT FROM CIHEAM *(member countries only: Albania, Algeria, Egypt, France, Greece, Italy, Lebanon, Malta, Morocco, Portugal, Spain, Tunisia, Turkey)*

Do you request a grant for registration fees?\* (reply Yes or No):

Do you request a grant for accommodation? (reply Yes or No):

Would you participate in the course without a grant for registration fees? (reply Yes or No):

Would you participate in the course without a grant for accommodation? (reply Yes or No):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*In the case of the Master programmes held in Zaragoza, candidates from other countries may also request a grant for registration fees

**FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Family name:

First name:

Address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

*I certify that to the best of my knowledge the information given is correct and I agree to inform of any modification*

*Date: Signature:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In accordance with the provisions of the Organic Law 15/1999 of Protection of Personal Data, please be informed that the data you provide will be entered into a file for which the Mediterranean Agronomic Institute of Zaragoza is responsible in order to process your application procedure and to inform you, by mail or e-mail, about future activities on your thematic area of interest. You may exercise your right to gain access to, rectify, cancel and contradict this information by making a Subject Access Request addressed to the Mediterranean Agronomic Institute of Zaragoza, Avenida de Montañana, 1005; 50059 Zaragoza, together with copy of your National Identity Card or equivalent*.