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| ***2018 Session of the Rhodes Academy of Oceans Law & Policy (1-21 July)***  ***APPLICATION FORM*** | | | | | | | | | | | | | |
| **INSTRUCTIONS**:  Please answer each question clearly. Type or print in ink. If you need more space, attach additional pages. | | | | | | | | | | | | | Please affix photo here |
| 1. Surname | | | | First name | | | | | Middle Initial(s) | | | |
| 2. Date of Birth  *(Day/Month/Year)* | | 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  *(country code-area code-number)* | | | | | 9. Business Address | | | | Office Tel No  *(country code-area code-number)* |
| 10. Cell No.  *(country code-area code-number)* | | | | 11. Fax No.  *(country code-area code-number)* | | | | | 12. Email Address | | | | |
| 13 Emergency Contact:  Last Name:  First Name: | | | | Relationship | | | | | Tel No.  *(country code-area code-number)* | | | | Cell No.  *(country code-area code-number)* |
| 14. Proficiency in English | | | | Excellent | | Good | | | Fair | | Poor | | Remarks |
| Listening | | | |  | |  | | |  | |  | |  |
| Speaking | | | |  | |  | | |  | |  | |  |
| Writing | | | |  | |  | | |  | |  | |  |
| Reading | | | |  | |  | | |  | |  | |  |
| 15. Mother Language | | | | | | | | | 16. Other Language | | | | |
| 17. Education (University or equivalent) : Give full details, using the following space insofar as possible | | | | | | | | | | | | | |
| Year Attended | | | Name and Place of Institution | | | | | Field of Study | | | | Qualification  (Bachelor, Master, PhD, etc.) | |
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| 18. Indicate how the ISA/GSR Training Programme will further your career *(not more than 150 words)* | | | | | |
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| 19. 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 of Employer/Organization | Title of Position | Responsibilities | |
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| 20. 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 accept the followings:   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 favour. Nor to use the above-mentioned information for personal reasons to prejudice the position of those I do not favour; 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. The International Seabed Authority accepts no responsibility for the medical and life insurance of the trainee or financial and any other responsibilities arising from injury, illness, missing or death that may occur to the trainee during the training period.   Applicant’s Name *(in print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |