**APPLICATION FORM**

Please complete this form by computer and send to the following email address:

heleni.porfyriou@cnr.it

ap.pola@whitr-ap.org

Your application should reach WHITRAP Shanghai **before June 1,2018**. Forms that are incomplete will not be considered.

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| **CANDIDATE** |
| Family Name |  | First Name(s) |  | Please paste a recent photo, or send it separately. |
| Nationality |  | Gender |  |
| Date of Birth (Month/ Day/ Year) |   |
| Organization/ Institution  |  |
| Department/ Division |  |
| Current Position or Title |  |
| Office Telephone |  | Office Fax |  |
| Email |  | Mobile |  |
| Working Address |  |
| **EDUCATIONAL BACKGROUND** |
| Full Name of Universities | Duration (From – To) | Major | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TRAINING** |
| Name | Organization | Location/ Duration | Certificate |
|  |  |  |  |
|  |  |  |  |
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| **EMPLOYMENT HISTORY** |
| Duration (From – To) | Full Name of Institution | Brief Description of job responsibilities |
|  |  |  |
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| **LIST OF RELEVANT PROJECTS IN CHARGE OF OR INVOLVED WITH**  |
|  |
| **ACHIEVEMENTS/ AWARDS** |
|  |
| **PUBLICATION & RESEARCH** |
| (Title/Publisher) | Date |
|  |  |
|  |  |
| **PERSONAL STATEMENT** |
| Explain why you are applying for this course, what you want to learn from it, and how it will benefit your professional development and your institution (350 words) |
| **CANDIDATE’S STATEMENT** |
| I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed study program. I also take note that if my application is accepted I shall have to undergo a medical examination at my own expense, according to instructions received from WHITRAP. I also declare that I will be returning to my current employer, on completion of the course.Candidate’s Signature:Date: |