



ICGEB BIOSAFETY CAPACITY BUILDING INITIATIVE IN SUB-SAHARAN AFRICA

ICGEB-supported Biosafety Workshop Application Form

Thank you for your interest in the ICGEB Biosafety Capacity Building Initiative in sub-Saharan Africa.

The current call for Applications outlines eligibility requirements for workshops applicants. Please read these requirements carefully to decide if they apply to you. The Call for Applications is available on the ICGEB website at <http://www.icgeb.org/biosafety/training/future.html>.

This 2009 Application Form must be completed by every applicant. **At the time of submission, this Application Form should be accompanied only by the additional materials requested herein (possibly in PDF format).** Please review the checklist below to ensure that all materials required for your applications are completed and submitted in a timely manner. All required forms are available for download from the ICGEB website above.

Checklist:

- Application Form
- Confirmation letter from the applicant's employer for permission to attend the workshop
- Optional: Letter of Endorsement from a Member of the respective National Biosafety Authority or Committee (signed statement on official letter-headed paper)

Please note that eligible applicants must be nationals of, and working in, a sub-Saharan African country

Please pay special attention to all applications and submission instructions and adhere to all word limits. All application materials must be received by ICGEB no later than **14 December 2009**. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** All materials should be submitted via email by the appropriate person to the following address: africabu@icgeb.org.

1. PERSONAL DETAILS:
SURNAME/FAMILY NAME:
FIRST NAME(S):
PERMANENT ADDRESS:
CITY AND COUNTRY:
POSTAL ADDRESS (IF DIFFERENT):
CITY AND COUNTRY:
E-MAIL ADDRESS(ES):
TELEPHONE (LANDLINE):
TELEPHONE (MOBILE):
FAX:
DATE OF BIRTH (DD/MM/YY):
GENDER:
PLACE OF BIRTH:
NATIONALITY:
2. EDUCATION BACKGROUND:
Please provide the following information for your highest academic degree:
TYPE OF DEGREE:
UNIVERSITY, CITY, COUNTRY:
FIELD/PROGRAMME:
DATE OF AWARD (DD/MM/YY):
DEGREE TITLE:
MAIN SUBJECT:
CLASSIFICATION/MARK/GRADE:
PRESENT STUDY (IF APPLICABLE)
UNIVERSITY, CITY, COUNTRY:
DEGREE/QUALIFICATION EXPECTED:
MAIN SUBJECT:
EXPECTED DATE OF AWARD:

3. EMPLOYMENT BACKGROUND
Please provide the following information about your current employment:
CURRENT POSITION:
START DATE:
INSTITUTION:
FULL POSTAL ADDRESS:
E-MAIL ADDRESS:
TELEPHONE (OFFICE):
TELEPHONE (MOBILE):
SUPERVISOR:

FELLOWSHIPS AND AWARDS			
Please list any previous Fellowship and other awards that you have received:			
AWARD NAME & PURPOSE	AWARDING INSTITUTION	DATES	AMOUNT

5. OTHER INFORMATION:

SOURCE OF INFORMATION

FROM WHAT SOURCE DID YOU FIND OUT ABOUT THIS OPPORTUNITY FOR WORKSHOP ATTENDANCE?

ENGLISH LANGUAGE PROFICIENCY

ENGLISH IS MY NATIVE/FIRST LANGUAGE: YES NO

6. INTERESTS, ACTIVITIES, GOALS AND PLANS

Please briefly describe your main interest with respect to GMO regulation, your reason for applying to attend the workshop, and how you expect to personally benefit from the workshop (250 words maximum).

Briefly describe and how you expect your Home Country to benefit from your experience at the workshop (250 words maximum)

Please include an indication of how you plan to use and share the skills learned at the workshop (250 words maximum)

7. DECLARATIONS

I consent to the International Centre of Genetic Engineering and Biotechnology to use my personal data, some of it sensitive data, in order that it might fulfill its administrative obligations and in order that my application might be processed.

SIGNATURE OF APPLICANT:

DATE:

When complete, please submit this application form and all other required materials to the ICGEB Biosafety Unit at africabu@icgeb.org. Please review the checklist on page 1 of this form to ensure that your application is complete. All application materials must be received by ICGEB no later than **14 December 2009**.