**Application form**

**ICCCAD Urban Short Course, 5th-10th May 2018**

**On *“Climate Resilient, Migrant-Friendly Cities”***

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| --- | --- |
| **Family name** |  |
| **Given names** |  |
| **Address** |  |
|  |
| **Phone** (with international dial codes) | **Home** |  |
|  | **Office** |  |
|  | **Mobile** |  |
| **Email address(s)** |  |
|  |
| **Country of residence** |  |
| **Nationality** |  |
| **Passport info***(international participants only)* | Name as on passport |  |
| Passport no |  |
| Date of issue |  |
| Date of expiry |  |
| **Gender** |  |
| **Date of birth** |  |
| **Food preference**  |  |
|  |
| **Please write your full name that you want to see in the certificate** |  |
|  |
| **Employment**  |
| **Current position (**with name and address of organization**):** |  |
| Dates: |   |
| Describe responsibilities, indicating how they relate to the course |  |
| **Past positions (give dates)**add lines if necessary | **Dates** | **Position and responsibilities** |
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|  |  |  |
|  |  |  |
| **Education (post school)**add lines if necessary | **Years** | **Institution** |
| School Secondary Certificate |  |  |
| Higher Secondary Certificate |  |  |
| **Qualifications (with dates and subjects studied)** |
| MPA in Governance & Public Policy (Studying) |  |  |
| Bachelor of Urban and Regional Planning (BURP) |  |  |
| Membership of Bangladesh Institute of Planners  |  |  |
| Registered Professional Urban Planner |  |  |
| **Describe your standard of English**Please note that you will be expected to have a **very high** standard of English in order to benefit from the course. Use the scale 1 to 5 as follows:1 – I find it difficult unless people speak slowly3 – I only have difficulties with certain words5 – I consider myself fluent | Spoken |  |
| Written |  |
| Comprehension |  |
| Reading |  |
| Is English your mother tongue? |  |
| Was your university education in English? |  |
| **Do you have a qualification in English (e.g. TOEFL, IELTS)?**  |  |
| **The information given in the following section will be important in decisions about granting of bursaries** |
| **Describe your organisation, its goal and main activities** |  |
| What is your position and role within it? |  |
| **Explain why you want to do this course** |   |
| What would the benefits be for yourself. |  |
| Explain in a few sentences how you would be able to make use of the training in your own work, and in what type of activities. |  |
| How would it help the people you serve in your organisation? |  |
| **Is your employer paying for your participation?**You will be asked to get the relevant officer to confirm that payment will be available |  |  |  |
| If yes, are they paying the full amount?  |  |  |
| If not, please indicate what the employer is contributing: |  |
|  |
| **Do you want to request a bursary for financial support?** |  |  |  |
|  |  |
| Indicate clearly what the bursary is being requested for, and the expected cost |  |  |
|  |  |
|  |
| **Do you require a visa to enter Bangladesh?**It is your responsibility to find out if you need one, and to ensure that you can apply for one in time and that you have access to a consulate. Your passport needs to be valid for 6 months after the end of the course | If you need a visa, confirm that you are able to apply for it in time |
| **How did you hear about this course?** |  |
| **What other international courses/Training/Workshop have you attended?** |  |
| **Declaration** *I certify that the information given here is accurate to the best of my knowledge. I confirm that either myself, or my employer will be responsible for the costs, or that I have applied for financial support out of necessity because my employer is unable to provide the full costs, or I am currently without an income.**I am in good health and have no current illnesses that may affect my ability to travel to and participate fully in the short course. I understand that my health is my responsibility during the course, and that I will have the necessary insurance through my employer. I understand that ICCCAD is not responsible for payment of any medical fees or services during the course.* |
| **My name is given here as indication of signature and agreement:** |  |
| **Date:** |  |