

**CALL FOR SCHOLARSHIPS INTERNATIONAL DIPLOMA
MANAGEMENT, ENGINEERING and SCIENCE FOR DISASTER RESILIENCE**

ANNEX 1 APPLICATION FORM INSTRUCTIONS

1. This form should only be completed by applicants of the invited countries specified in the call.
2. Upon completion of the application, the form must be printed, attached to the supplementary documents, and submitted (on paper and in digital format) to the Focal Point (Annex IV of call 2019).
3. The decisión of admissibility of the application is made by the Focal point.
4. The deadline for submitting the application is August 2, 2019.

You should not:

1. Submit the application without the signature and stamp of the sponsoring institution.
2. Submit incomplete, illegible or late applications.
3. Send your application and/or supplementary documentation by email or other means to any other than the Focal point of your country.

Your questions or queries should be directed to:

Agencia Chilena de Cooperación Internacional para el Desarrollo - AGCID
agencia@agci.gob.cl
+56 22 827 5700
Hours of work:
9:00 to 13:30 and from 14:30 to 18:00

SUPPORTING DOCUMENTS

Only applications containing all of the information requested shall be deemed valid and admissible. Applications that are not accompanied with the documents requested below will **not be considered**, These documents may be simple photocopies.

Compulsory documents for all applicants

1. Copy of degree certificate and/or university academic degree of undergraduate studies
2. Copy of Identification Card
3. Copy of Passport

Voluntary supplementary documents

1. Copy of Postgraduate certificate
2. Certified copy of courses related to the topic addressed

1. GENERAL RECORDS

1.1. Personal Records

Paternal Surname		
Maternal Surname		
Names		
Nationality		Country of residence
Passport No.	<i>Number and Country in which Passport was issued</i>	
Expiration Date of Passport	<i>(dd/mm/year)</i>	
Identification		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	<i>(dd/mm/year)</i>	<input type="checkbox"/> Age

1.2. Contact Information

Country	
Home Address	
City and Country of Residence	
Home Telephone	<i>(Include country and city code)</i>
Office Telephone	<i>(Include country and city code)</i>
Mobile	<i>(Include country and city code)</i>
Work e-mail	
Personal e-mail	<i>* Please state an account that is checked regularly .</i>
	<i>* Please state an account that is checked regularly ..</i>

1.3. Contact Person in event of emergency

Surname	
Names	
Relation with the Applicant	
Home address	
Telephone	<i>(Include country and city codes)</i>
E-mail address	

1.4. Institution Record

Name of Institution			
Type of Institution	<input type="checkbox"/> State	<input type="checkbox"/> Non Governmental Organisation	<input type="checkbox"/> Academic
	<input type="checkbox"/> Private	<input type="checkbox"/> International	
Mission of the Institution			
Objectives of the Institution linked to the theme of the Programme			

2. EDUCATIONAL BACKGROUND

2.1. Professional / Technical Training

Professional Title/ Technical Title	<input type="text"/>
Name of University/ Educational Center	<input type="text"/>
Start Date	<input type="text" value="(dd/mm/year)"/>
End Date	<input type="text" value="(dd/mm/year)"/>
Date of award	<input type="text" value="(dd/mm/year)"/>
Other professional studies	<input type="text"/>

2.2. Courses and Training

Course/Qualifications	Institution/Country	Date (dd/mm/year)	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Work History

3.1. Current Work Information

Current position	<input type="text"/>
Institution	<input type="text"/>
Start date at current position	<input type="text"/>
Description of Function	<input type="text"/>

3.2. Professional experience

(List previous jobs that are relevant to this application, starting with the most recent)

Position	Institution/Country	Start Date <i>dd/mm/year</i>	End Date <i>dd/mm/year</i>
		<i>dd/mm/year</i>	<i>dd/mm/year</i>
		<i>dd/mm/year</i>	<i>dd/mm/year</i>
		<i>dd/mm/year</i>	<i>dd/mm/year</i>

4. Health Record

4.1 Medical History

(If you have any of the health conditions listed below, you must submit a medical certificate).

1. Do you currently use any medication for the treatment of any medical condition?

No

Yes

What
medicine

2. Are you pregnant?

No

Yes

Months *Specify the month of pregnancy*

2. Are you allergic to any medicine or food?

No

Yes

What allergy?

- Medication

Which?

- Food

Which?

- Other

Which?

4. Do you have any of the following health conditions:

High Blood Pressure Yes No

Diabetes Yes No

Respiratory problems Yes No

Problems of the digestive Tract Yes No

Remarks

Remarks

Remarks

Remarks

6. Other pre existing conditions (specify any other relevant information such as food restrictions, allergies, among others).

Specify other relevant information that the Organization should know in order to safeguard your welfare

5. Reliability of the Information provided

5.1 Sworn Declaration

By my signature, I certify that all the information I present in this application, requested by the call to the Diploma in engineering and science management for the resilience to disasters, is reliable, accurate and complete and I authorize its verification if necessary.

I declare to understand the requirements of the program, as well as the competencies that it requires of the participants. I also declare that I accept the terms and conditions set forth in the call for the AGCID Fellowship program to which this application is made.

		<i>dd/mm/year</i>
Name of Applicant	Signature	Date

5.2 Spanish language management statement

(For non-Spanish speaking countries only)

I declare to have oral and written competence of the Spanish language. I am aware that the Course will be delivered entirely in the Spanish language

		<i>dd/mm/year</i>
Name of Applicant	Signature	Date

6. INSTITUTIONAL SPONSORSHIP

6.1 INSTITUTIONAL SPONSORSHIP

By my signature, I certify that the official who is applying to the AGCID scholarship to pursue the international Diploma, is in the employ of this Institution and that if he/she is selected, he/she will be authorized leave to attend the course to be held in Santiago, Chile, from November 18 to December 6, 2019.

		<i>dd/mm/year</i>
Name of Person in charge of the Sponsoring Institution	Signature	Date