

ANNEX I
APPLICATION FORM
SPANISH AS A FOREIGN LANGUAGE COURSE FOR CIVIL SERVANTS FROM THE
ENGLISH-SPEAKING CARIBBEAN
2023–2024 Edition

OFFICIAL APPLICATION

(To be signed and verified by the highest authority of the institution)

COUNTRY

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NAME OF CANDIDATE'S INSTITUTION

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This organisation endorses this application in compliance with the regulations of the AGCID–Universidad de Chile South-South Cooperation Scholarship Programme and in accordance with the Call for Applications and the general information contained within it. If selected, the applicant is authorised to participate in and dedicate part of his/her working day to the international course on the dates specified by those implementing the course. Upon completion of the academic programme, the organisation undertakes to provide the support necessary for the proper application and transfer of the knowledge received.

Name		Official stamp
Position		

E-mail		
Date	Signature	

PART A: INFORMATION ABOUT THE INSTITUTION

1. Institution profile

a) Name of organisation

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b) Type of organisation

(Mark the appropriate option with an "X")

Govern ment		Academic		Private		Internationa l		Other *	
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*If "other", please specify:

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c) Mission of the organisation

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d) Connection with international cooperation

(Mark the appropriate option with an "X")

Japan		Chile		Other sources		None	
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In any form of cooperation exists, please provide a brief description of the main activities:

2. Purpose of the application

- a) Please describe the strategic objectives of your institution that relate to the COURSE.

- b) Please provide a brief description of how the training will contribute to achieving the above objectives.

- c) Please briefly describe the concrete actions your institution will take to achieve and/or supplement the objectives mentioned above.

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- d) Briefly describe the reasons the candidate has been selected, making reference to the following: 1) course requirements, 2) competence/position or responsibilities within the institution, 3) action plans and others.¹

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PART B: APPLICANT INFORMATION

1. Personal information.

Last Name(s)*				
Name(s)				
Nationality				
Date of birth				
Sex	Male		Female	
Passport No.				
Passport expiry date				
Home address				
City				

¹ If applications are submitted for multiple candidates, please indicate their order of precedence when submitting the documentation to the scholarship platform.

Contact phone number	
Contact email**	

*Provide the information precisely as it appears on the passport.

**In the event the candidate is selected, all information will be sent to this e-mail address.
Please provide an email address that is checked regularly.

Person to be notified in case of emergency:

Last Name(s)	
Name(s)	
Relationship to applicant	
Home address	
Contact phone number	
Contact email	

2. Academic information
(University studies and above only)

Degree obtained	Institution	Country	Period	
			From	To

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Other courses and training

(Only include studies related to the course subject)

Course name	Institution	Country	Period	
			From	To

Have you received a scholarship previously?

Yes _____ No _____

If you answered "yes", please indicate:

Scholarship	Country of study	Programme of study

3. Professional information

1) Current position (Position and institution)

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2) Description of duties

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3) Professional experience

Position* (from most recent to oldest)	Institution	Country	Period	
			From	To

*Please provide a brief description of your duties.

DECLARATION

(to be signed by applicant)

I, the undersigned, declare I have read the Call for Applications and all the corresponding instructions and annexes, and that the information provided in this application is true and corresponds to all the information requested.

Name	Date	Signature