



JCIPP 2030

ANNEX I

APPLICATION FORM

IV INTERNATIONAL COURSE

"DEVELOPMENT OF CAPACITIES IN THE INCORPORATION OF THE DRR APPROACH TO PUBLIC INVESTMENT PROJECTS"

May 6, 2024 to August 9, 2024

INSTRUCTIONS

Complete, sign and send this form to the corresponding AGCID Focal Point of your country (Annex IV) on the established date via email.

1- Personal Background

Country:					CURRENT PHOTO	
Full name:						
Sponsoring organization (where you work):						
Position in sponsoring organization:						
Professional Title:						
Postgraduate:						
Social project evaluation courses : (Name of the course and date of realization)						
Disaster risk or climate change courses: (Name of the course and date of realization)						
ADDRESS		DATE OF BIRTH			SEX	
a) LABOR (street, n°, city)	Day	Month	Year	Age	Male	
	LEGAL MARITAL STATUS				Female	
		Single	Married	Divorced	Widow(er)	
Work phone: (prepend country and city code)						
Work e-mail:						
E-mail:						

## 2- Sponsoring Organization Information

(Must be completed and signed by the Director of the Organization or Head of Service)

<b>Name of the Organization:</b>							
<b>Type of Organization:</b>							
Government		Public		Private		International	
<b>Mission of the Institution:</b>							
<b>Strategic objectives of the institution linked to the course.</b>							
<b>Describe the concrete actions that the institution would develop to achieve the implementation of the action plan profile (project, program, activity plan). According to Annex II</b>							
<b>Linking the Organization with International Cooperation</b>							
Japan Cooperation Project		Cooperation activities with Chile		Other sources of cooperation		None	
<b>Briefly describe the main activities carried out by the institution through international cooperation</b>							

### 3.- Professional Background

Current position in the organization (Service/Department/Unit)							
Date of entry to the Institution				Current position start date			
Month		Year		Month		Year	

<b>Your job description</b> (Including your responsibilities and information such as: unit of work, number of people in charge, projects developed, etc.)		
<b>Professional experience</b> Number of project assessment, social assessment projects and disaster risk evaluation.		
<b>Training courses or Study Abroad</b>		
<b>Institution</b>	<b>Country</b>	<b>Topic</b>

#### 4- Confirmation of the institution

I declare that I have examined this document and that the information provided here is true, so we support the application of this professional on behalf of our institution and the case of being selected will be granted the facilities to participate in the academic program and implement its action plan.

Date		Signature	
Name			Stamp
Charge			
Department/ Service			

5- I declare that I have read the instructions of the call and that the information provided in this form is complete and true

NAME	DATE	SIGNATURE