

**ANNEX I**
  
**APPLICATION FORM**
  
**I INTERNATIONAL COURSE ON STRATEGIC MANAGEMENT OF THE PUBLIC**
  
**BUDGET IN TIMES OF CRISIS**

**OFFICIAL APPLICATION**

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

**COUNTRY**

**NAME OF THE INSTITUTION TO WHICH THE CANDIDATE BELONGS**

This organization recommends this application in accordance with the regulations of the Sur - Sur Cooperation Scholarship Program, AGCID - University of Chile, according to the call and its corresponding general information. In case of being selected, the candidate is authorized to participate and dedicate part of their working day on the dates determined by the executors of the International Course. Upon completion of the academic program, the organization undertakes to provide the necessary support for an adequate application and transfer of the knowledge received.

Name of Supervisor		Official seal
Position		
E-mail		
Date	Signature	

**PART A: INSTITUTION INFORMATION**

1. Institution profile

a) Name of the organization

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b) Type of organization

(place an "x" in the corresponding option)

Government	<input type="checkbox"/>	Academic	<input type="checkbox"/>	Private	<input type="checkbox"/>	International	<input type="checkbox"/>	Other*	<input type="checkbox"/>
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\* In case of "other", specify:

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c) Mission of the organization

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d) Link with international cooperation

(place an "x" in the corresponding option)

Japan	<input type="checkbox"/>	Chile	<input type="checkbox"/>	Other sources	<input type="checkbox"/>	None	<input type="checkbox"/>
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If there is any form of cooperation, briefly describe the main activities:

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2. Objective of the application

- a) Describe the strategic objectives of your institution linked to the SUBJECT OF THE INTERNATIONAL COURSE.

- b) Briefly describe how the training will support the achievement of the aforementioned objectives.

- c) Briefly describe the specific actions that the institution will develop to achieve and/or complement the aforementioned objectives.

- d) Briefly describe the reasons why the candidate has been selected, referring to: 1) course requirements, 2) capacity/position or responsibility in the institution, 3) action plans or others.<sup>1</sup>

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<sup>1</sup> In case of presenting more than one candidate, indicate the order of priority when submitting the documentation to the scholarship platform.

**PART B: APPLICANT INFORMATION**

1. Personal Information.

Surnames*			
Names			
Nationality			
Date of birth			
Sex	Male	<input type="checkbox"/>	Female
Passport number			
Passport expiration date			
Personal address			
City			
Contact phone number			
E-mail**			

\* Provide information as it appears in the passport.

\*\* All the information will be sent to this email address if selected. Please provide an email that you check constantly.

Emergency contact information:

Surnames	
Names	
Relation with the applicant	
Personal address	
Contact phone number	
E-mail	

2. Academic information  
 (From now on provide university studies only)

Degree obtained	Institution	Country	Term	
			From	To

Other courses and training  
 (Only studies related to the subject of the International Course)

Course	Institution	Country	Term	
			From	To

Have you been a recipient of AGCID scholarships before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please specify:

Scholarship	Country where the studies were carried out	Program completed

3. Professional information

1) Current position (Position and institution)

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2) Description of functions

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3) Professional experience

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

\*Briefly describe functions.

**STATEMENT**

(to be signed by the applicant)

I declare that I have read the call with all its instructions and corresponding annexes and that the information provided in this form is completely true and corresponds to all that requested.

NAME	DATE	SIGNATURE