



ANNEX 1 APPLICATION FORM VOLCANOLOGY INTERNATIONAL COURSE: PROCESSES, HAZARDS AND MITIGATION IN CRISIS CONTEXT

Santiago, Chile August - September 2021

OFFICIAL APPLICATION				
(To be signed and confirmed by the	he highest author	ity of the institution)		
COUNTRY				
NAME OF THE INSTITUTION	THE CANDIDA	TE BELONGS		
This organization recommends the Program by South - South Coope corresponding general information participate and dedicate part of the executors. When the academic necessary for an adequate application.	eration, - AGCID on. In case of I eir workday on th program finishes	- University of Chile, peing selected, the e dates determined to the organization of the control of the organization of the or	accordir candida by the Po commits	ng to the call and its te is authorized to estgraduate Diploma
Name				Official seal
Position				
E-mail address				
Date		Signature		





PART A: INSTITUTION INFORMATION

1.	Institution Profile		
a)	Name of the organization		
	Type of organization vith an "x" the corresponding option)		
Gove	rnment Academic Private Internationa	Others*	
*In cas	e of being "Others", indicate:		
c)	Organization mission		
2.	Purpose of the application		
a)	Describe the strategic objectives of your institution linked to the SUI DIPLOMA	BJECT OF ⁻	THE





b)	Briefly describe how the training will support the achievement of the aforementioned objectives.
c)	Briefly describe the concrete 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, making reference to: 1) course requirements, 2) ability/position or responsibility in the institution, 3) action plans or others. ¹

 1 In case of submitting more than one candidate, indicate the order of priority in the entry of the documentation to the scholarship platform.





B PART: APPLICANT INFORMATION

1. Personal Information.

i. i diddha imermaten.				
Last name*				
Name(s)				
Nationality				
Birth date				
Sex	Masculin		Feminine	
Passport number				
Passport due date				
Home address				
City				
Telephone contact				
Contact email**				
*Deliver information as appears on the pass **To this email address it will be remitted all		of being se	lected. Please give an	email

Person to notify in case of emergency:

Last name (s)	
Name (s)	
Relationship with the applicant	
Home address	
Telephone contact	
Contact email	

that you check constantly.





2. Academic information (Only university studies onwards)

Obtained title	Institution	Country	Term	
		-	From	То

Other	courses	and	training
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(Only studies related to the subject matter of the Diploma.)

Course	Institution	Country	Term	
			From	То

Have you been a rec	ipient of scholarships before?
Yes	No





In case of answering "Yes", indicate:

Scholarship	Country where you d studies	id your Pi	rogram completed
Professional inform	nation		
1) Actual charge (Pos	ition and institution)		
2) Functions descripti	ons		
3) Professional exper	ience		
Position*	Institution	Country	Term

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	То	From	-	(from the most recent to the oldest)
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^{*}Briefly describe the functions.





STATEMENT

(to be signed by the applicant)

I declare I have read the call with all its instructions and corresponding annexes and that the information delivered in this application form is totally truthful and corresponds with all the information solicited.

Name	Date	Signature

I declare that I have oral and written command of the English language* (only for non-English speaker countries)

Name	Date	Signature

^{*}Attach a back-up document such as the accreditation exam if you have one.