**Application form**

**ICCCAD Urban Short Course, 16th-20th September 2018**

**On *“Climate Resilient, Migrant-Friendly Cities”***

|  |  |
| --- | --- |
| **Family name** |  |
| **Given names** |  |
| **Address** |  |
|  |
| **Phone**  | **Home** |  |
|  | **Office** |  |
|  | **Mobile** |  |
| **Email address(s)** |  |
|  |
| **Country of residence** |  |
| **Nationality** |  |
| **Passport information for international participants only** | Name as on passport |  |
| Passport no |  |
| Date of issue |  |
| Date of expiry |  |
| **Gender (tick)** | **Male** | **Female** |
| **Date of birth** |  |
| **Food preference**  |  |
|  |
| **Please write your full name that you want to see in the certificate** |  |
|  |
| **Employment**  |
| **Current position (**with name and address of organization**):** |  |
| Date of employment: |   |
| **Education (post school)** | **Years** | **Institution** |
|  |  |  |
|  |  |  |
| **What other international courses/Training/Workshop have you attended?** |  |
| **Describe your standard of English**Use the scale 1 to 5 as follows:1 – I find it difficult unless people speak slowly3 – I only have difficulties with certain words5 – I consider myself fluent | Spoken |  |
| Written |  |
| Reading |  |
| Is English your mother tongue? |  |
| Was your university education in English? |  |
| **Describe goal and main activities your organisation**  |  |
| What is your position and role within it? |  |
| **Explain why you want to do this course** |   |
| **Is your employer paying for your participation or do you have a sponsor?**You will be asked to get the relevant officer to confirm that payment will be available |  |
| **Do you require a visa to enter Bangladesh?**It is your responsibility to find out if you need one, and to ensure that you can apply for one in time and that you have access to a consulate. Your passport needs to be valid for 6 months after the end of the course | If you need a visa, confirm that you are able to apply for it in time |
| **How did you hear about this course?** |  |
| **Declaration** *I certify that the information given here is accurate to the best of my knowledge. I confirm that either myself, or my employer will be responsible for the costs, or that I have applied for financial support out of necessity because my employer is unable to provide the full costs, or I am currently without an income.**I am in good health and have no current illnesses that may affect my ability to travel to and participate fully in the short course. I understand that my health is my responsibility during the course, and that I will have the necessary insurance through my employer. I understand that ICCCAD is not responsible for payment of any medical fees or services during the course.* |
| **My name is given here as indication of signature and agreement:** |  |
| **Date:** |  |