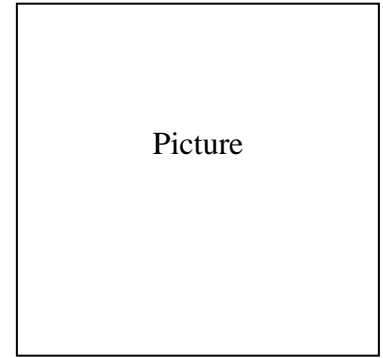


## Instructions:

1. Please answer each question clearly and completely.
2. Type or print in ink.
3. If you need more space, attach additional pages.
4. Submit this form to [education.training@iirr.org](mailto:education.training@iirr.org)



Photo

## Application Form<sup>1</sup>

Course Title: \_\_\_\_\_

**Inclusive Dates of the Training:**

Start (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_ End (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_

*Have you attended any IIRR International Training Course?*  YES  NO*If yes, which course?* \_\_\_\_\_ *Date: (mm/yyyy)* \_\_\_/\_\_\_/\_\_\_\_**A. Statements by applicant****1. Personal data**Title:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name \_\_\_\_\_

Middle Name: \_\_\_\_\_

Civil Status:  Not Married  Married  Separated/Divorced  Other \_\_\_\_\_Citizenship \_\_\_\_\_ Sex:  Male  Female

Date of Birth (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Issuance (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_

Place of Issuance \_\_\_\_\_ Date of Expiration (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_

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<sup>1</sup> Please Read Terms and Conditions at end of Application Document

**2. Academic background**

Degree	Institute	Location (Country)	Year Graduated

**3. Major or relevant trainings/courses attended**

Course Title	Date (Months & Year)	Name of Training Institution & Country

**4. Employment**Name of organization presently working with: \_\_\_\_\_  
\_\_\_\_\_

Current Position Held: \_\_\_\_\_ Since When (year) \_\_\_\_\_

Description of your work, indicating personal responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of organization:

No. and Name of Street \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Province/District: \_\_\_\_\_

State/Country: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**5. Summary of work experience**

Position	No. of Years	Name of Organization

**6. Expectations: (Please state why you wish to attend the course, what you see as its practical use and/or list your expectations in terms of specific knowledge and skills you want to acquire.)**

**7. Language proficiency**

Mother Tongue/ Language used at home: \_\_\_\_\_

Other languages(s) of which you have a working knowledge \_\_\_\_\_

Proficiency in:

Spoken English     Excellent     Good     Fair     Poor

Written English     Excellent     Good     Fair     Poor

**8. Financial support**

Funded by: (Name of Organization) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

(Attach a certificate of financial support from the sponsoring agency.)

Address of sponsoring organization: *(If different from the address of the applicant's organization)*

No. and Name of Street \_\_\_\_\_

City/Municipality: \_\_\_\_\_



INTERNATIONAL INSTITUTE OF RURAL RECONSTRUCTION

Province/District: \_\_\_\_\_

State/Country: \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Food allergies/restrictions**

I am not allowed/do not eat/limit my intake of the following types of food:

- |  |   |
|--|---|
| <input type="checkbox"/> pork                      | <input type="checkbox"/> nuts _____                   |
| <input type="checkbox"/> beef                      | <input type="checkbox"/> fruits _____                 |
| <input type="checkbox"/> chicken                   | <input type="checkbox"/> vegetables _____             |
| <input type="checkbox"/> other meat products _____ | <input type="checkbox"/> grains and cereals _____     |
| <input type="checkbox"/> milk/dairy products _____ | <input type="checkbox"/> softdrinks/carbonated drinks |
| <input type="checkbox"/> fish                      | <input type="checkbox"/> alcoholic beverages          |
| <input type="checkbox"/> other seafood _____       | <input type="checkbox"/> sweet food                   |

To my best knowledge, all of the information included in this application form and its attachments are true. Enclosed are the following:

- Official Nomination Form
- Medical Certificate
- Certificate of Financial Support
- Certificate of English Proficiency (only if applicable)

**9. I learned about this training program from:**

- A colleague/office mate
- My supervisor
- My organization's donor/s
- A fellow development worker  
Name \_\_\_\_\_  
Organization \_\_\_\_\_
- Course Information Material
  - Brochure from IIRR
  - Website \_\_\_\_\_
  - Newspaper/printed material \_\_\_\_\_
- Other sources \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date of Application (mm/dd/yyyy)** \_\_\_\_/\_\_\_\_/\_\_\_\_



INTERNATIONAL INSTITUTE OF RURAL RECONSTRUCTION

**OFFICIAL NOMINATION FORM**  
(to be filled-up by applicant's employer)

**1. Statements by employer**

Name of Nominee: \_\_\_\_\_

Name of nominating official:

Title:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title or position of nominating official: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email address: \_\_\_\_\_

Official relationship to applicant: \_\_\_\_\_

After the training, I expect the following from my nominee:

\_\_\_\_\_  
\_\_\_\_\_

Issues/problems/concerns, which my organization is experiencing in rural development which I would like my candidate to have a clearer understanding of after the training:

\_\_\_\_\_  
\_\_\_\_\_

I learned about this program from:

- The nominee himself/herself
- A colleague/office mate
- My supervisor
- My organization's donor/s
- A fellow development worker

Name \_\_\_\_\_

Organization \_\_\_\_\_

- Course Information Material
  - Brochure from IIRR
  - Website \_\_\_\_\_
  - Newspaper/printed material \_\_\_\_\_
- Other sources \_\_\_\_\_

Signed: \_\_\_\_\_

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### <sup>1</sup>Terms and Conditions

- Confirmation is defined as having submitted the course requirements and having paid the course fees on or before the due dates.
- Explanation of Cost and Related Policies
  - The course fees cover the following:
    - training costs
    - course-related local travel, and
    - materials
    - meals and shared, double room accommodation
    - single room occupancy is available for an additional USD24 per day.
  - It does not include international airfare, laundry and incidental expenses (a minimum pocket allowance of US\$100 per week is suggested for incidental and personal expenses).
  - Applicants should immediately pay course fees upon receipt of acceptance letter to confirm and reserve their slot, and should not be later than one month before scheduled date of course
  - IIRR reserves the right to cancel the course, one month before its schedule; unless a minimum of 8 applicants confirmed their participation. Course fees will be refunded fully to the applicants, including the US\$200 registration fee
  - Cancellation of participation by the applicants
    - Refund of 100% of remaining amount of the course fees if cancelled three weeks before the schedule
    - Refund of only 50% of remaining amount of the course fees if cancelled LESS THAN three weeks from the schedule