



Application form

Industrial companies exploiting geothermal resources for power production

Please answer each question clearly and fully. All relevant information should be included on this form. Please complete in English and attach a recent photograph. Be sure to sign and date the form.

Insert photograph
(Passport size)

Application for:

- Sub-programme 1: UNU-Short Courses, held in Ponta Delgada, São Miguel, Azores
- Sub-programme 2: UNU-Geothermal Training Programme, in Iceland

A. IDENTIFICATION OF APPLICANT

1. Surname(s) Given name(s) in full

2. Professional address

E-mail address

Telephone

Fax

3. Permanent address

E-mail address

Telephone

4. Place of birth

Date of birth

Nationality

Marital status

5. Sex

Male

Female

6. Name and contact information of person to be notified in case of emergency

E-mail address

Telephone

7. Name of spouse

Names of children and ages

Application form

Name

B. EDUCATION AND CAREER EXPERIENCE

8. Educational qualifications (start with most recent)

Name and city of institution of study	Years of study		Field of study	Degree
	Start date	End date		

9. Languages

Language (list first language first)	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

10. Principal publications and practical accomplishments

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Name

11. Employment record (for each post you have occupied give details of your duties and responsibilities starting with present or most recent)

Position	Years of service From To
Name of company which employs you	Address of company which employs you
Type of organization	Name of supervisor
Description of various aspects of your work.	
Position	Years of service From To
Name of company or institution which employs you	Address of company or institution which employs you
Type of organization	Name of supervisor
Description of various aspects of your work.	
Position	Years of service From To
Name of company or institution which employs you	Address of company or institution which employs you
Type of organization	Name of supervisor

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Name

Description of various aspects of your work.

C. GEOTHERMAL ENERGY EXPERIENCE

12. Previous geothermal energy experience

13. Present geothermal energy interests and activity

Application form

Name

D. PROPOSED STUDIES OF GEOTHERMAL ENERGY

14. Purpose of application, preliminary plans related to the use of the knowledge to be earned with courses offered by UNU (sub-programme 1) and at UNU (sub-programme 2)

15. Earliest date on which you could start, if awarded a grant

E. CERTIFICATION

16. Acceptance of conditions by applicant

I agree to accept the following conditions if a grant is awarded:

- (a) I will conduct myself appropriately and professionally at all times.
- (b) I will return to my home country at the end of the UNU training period to continue my work for at least one year (sub-programme 2)
- (c) I will have to reimburse the grant of the cost of the UNU training programme in proportion (already paid costs) if I don't fulfil the whole programme because of own faults (sub-programme 2).

Signature

Place and date

Application form

Name

17. Acceptance of conditions by the representative of the applicant's Company

- (a) The studies to be carried out under this grant will strengthen best practices and knowledge of this company.

- (b) The absence of the applicant during the period of study will not adversely affect his/her status, seniority, salary, pension and similar rights and full use will be made of him/her in the field covered by his/her grant.

Signature (Representative of Company)

Place and date

Official address of the Company

E-mail address

Telephone

Fax

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Name

F. MEDICAL REPORT

To be completed by a registered medical practitioner after thorough clinical and laboratory examination, including x-ray of chest. The Organization reserves the right to require candidates to undergo further medical examination before he/she takes up a grant.

Name of Applicant

Nationality

Age

Sex

Male

Female

1. At present is the person in good health and in full working capacity?

2. Is the person physically and mentally able to undertake intensive study, and free from any condition that may hamper its successful accomplishment?

3. Is the person free from any infectious diseases (for instance tuberculosis and trachoma) which could present risks to both the applicant during his/her grant period and to his/her contacts?

Signature (Examining Physician)Place and date

Qualification

Name and exact addressStamp

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Name

E-mail address

Telephone

Fax

The Following documents should be included as attachments to the application:

- Evidence of basic disciplinary training in an academic institution, including 1 true copy, in English, of academic record and diplomas.

- A letter of support and commitment from the representative of Company (sub-programme 2)

It is the applicant's responsibility to ensure that all required materials are received in time for inclusion in the review of the application