



UNITED NATIONS  
UNIVERSITY



## Application form Azores University

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.

Application for:

Sub-programme 1: UNU-Short Courses, held in Ponta Delgada, São Miguel, Azores

Insert photograph  
(Passport size)

### A. IDENTIFICATION OF APPLICANT

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

2. Permanent address

E-mail address

Telephone

3. Place of birth Date of birth Nationality Marital status

4. Sex

Male

Female

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

E-mail address

Telephone

6. Name of spouse

Names of children and ages

**Application form**

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Name

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**B. EDUCATION**

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**7. Educational qualifications (start with most recent)**

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

**8. Languages**

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

**9. Principal publications and articles**

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**Application form**

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Name

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**C. RENEWABLE EXPERIENCE**

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10. Previous renewable experience, namely, geothermal experience

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11. Present geothermal interests and activity

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Name

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**D. PROPOSED STUDIES OF GEOTHERMAL ENERGY**

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12. Purpose of application, preliminary plans related to the use of the knowledge to be earned with courses offered by UNU

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

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**E. CERTIFICATION**

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14. Acceptance of 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) The participation in the UNU-Short Courses, held in Ponta Delgada, São Miguel, Azores doesn't imply a celebration of employment contract.

Signature

Place and date

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**Application form**

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Name

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15. Acceptance of conditions by the representative of Azores University

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

(b) The absence of the applicant during the period of study will not adversely affect his/her status.

Signature (Representative of Azores University)    Place and date

Official address of Azores University

E-mail address

Telephone

Fax

**Application form**

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Name

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**F. MEDICAL REPORT**

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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.

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Name of Applicant

Nationality

Age

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Sex

Male

Female

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

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

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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?

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Signature (Examining Physician)Place and date

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Qualification

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Name and exact addressStamp

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## Application form

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Name

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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 Azores University

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