



INSTITUT AFRICAIN DE DEVELOPPEMENT ECONOMIQUE ET DE PLANIFICATION
 AFRICAN INSTITUTE FOR ECONOMIC DEVELOPMENT AND PLANNING
 (IDEP)

SHORT TERM COURSE APPLICATION FORM

COURSE TITLE: AGRICULTURAL POLICY ANALYSIS IN AFRICA (ENGLISH SESSION)
IDEP, DAKAR, SENEGAL (20 MARCH – 14 APRIL 2006)

I. PERSONAL INFORMATION (BIO-DATA).

Surname:	First Name:	Other Names:
.....
Date of Birth: Day/ _____ Month: _____ Year: _____		Place of Birth:
Gender: <i>Please tick</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality at Birth: _____		Current Nationality: _____
Personal Address:		Email: _____
.....		Tel.: <input type="text"/>
.....		Fax: <input type="text"/>
.....		
Physical Office Location (Address): (not PO Box, but where you can receive air ticket)		<input type="text"/>
		Tel.: _____
		Fax: <input type="text"/>
Alternate person(s) to contact in case of urgency:		Tel.: <input type="text"/>
Full Name/	Address/	
.....	
.....	
.....	

II. HIGHER EDUCATION (Start with the Highest Qualification).

Name and Place of Institutions	Study Years	Main Subjects	Degree obtained
	From..... To
	From..... To
	From..... To.....

III. WORKING (WRITTEN) KNOWLEDGE OF LANGUAGES.

Language	Excellent	Good	Average
French			
English			

Other Languages:

IV. PROFESSIONAL TRAINING.

Training Institution	Date	Field of Training
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V. CAREER DEVELOPMENT.

<p>a) Present Post:</p> <p>Year of Occupation of Post.....</p> <p>Name & Address of Employer:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Job Description:</p>
<p>b) Previous Post:</p> <p>Year of Occupation of Post:</p> <p>Name & Address of Employer:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Job Description:</p>

VI. EXPECTATIONS FROM THE TRAINING PROGRAMME.

What do you expect to achieve from this training in which you would like to participate?

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VII. COMMITMENT.

I certify that my answers to the following questions are complete and correct.

If selected to participate in the Training Programme, I Shall:

- (1) Conduct myself as a responsible trainee;
- (2) Fully devote my time to the training activities;
- (3) Undertake all assignments within the training programme;
- (4) Refrain from any political, commercial, or any other activities not compatible with the training programme;
- (5) Stay with the group at the same hotel, where group reservation has been made by IDEP;
- (6) Return to my country of residence at the end of the training programme.

Place:

Date:

.....
Signature of Candidate

VIII. CONFIRMATION BY THE NOMINATING OFFICIAL/AUTHORITY

- Name of Nominating Official/Authority:
- Official Title:
- Tel.:
- Email:
- Signature and Seal of Nominating Official/Authority:

IMPORTANT:

1. Please attach to the application form relevant copies of your passport containing your personal information, passport issue and expiry dates.
2. This application form should reach the **African Institute for Economic Development and Planning (IDEP)** at the following address, **No Later Than the 10th of February, 2006.**

**United Nations African Institute for Economic Development and Planning
(IDEP)**

P.O. Box: 3186 CP 18524, Dakar, Senegal

Tel.: (221) 823 10 20

Fax: (221) 822 29 64

E-mail: idep@unidep.org

Web site: <http://www.unidep.org>