

APPLICATION FORM FOR TRAINING GRANT

PERSONAL INFORMATION			
First Name:		Last Name:	
Gender:	Date of Birth (mo/day/yr):	Nationality:	Civil Status:
Religion:			
Permanent Mailing Address:			
Telephone:	Fax:	Email Address/es:	
Mobile No:		Dietary Restrictions, if any:	
EMPLOYMENT			
Position Title:		No. of years total professional working experience:	
Office/Organization:		No. of years at present position:	
Office Address:		No. of years with present organization:	
Name of Manager/Superior:			
Telephone:			
Fax:			
Email address/es:			
Previous Positions	Organization	Inclusive Dates (ex.: 2000-2003)	

Participants must¹:

- Be the head of a research unit/institution;
- Spend half of their time in research management;
- Are likely to continue serving their organizations for three years or longer;
- Have a good command of the English language; and
- Be nationals of SEAMEO member countries (i.e., Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Thailand, Timor Leste, and Vietnam).

¹The course organizers reserve the right to select the most suitable candidate for the course.

EDUCATION			
Degree (obtained) (please indicate fields/areas of specialization)	Institution/University	Location	Award Date

Professional Awards

In a separate sheet of paper, please list any work-related distinctions, including positions on advisory boards, government or international commissions, professional associations, etc.

PERSONAL STATEMENTS
<p>As part of your application, please answer the following questions. Please limit your responses to 250 words per question.</p>
<p>1. Describe your current work responsibilities. For what kinds of activities, operations, and decisions are you directly responsible?</p>
<p>2. Please describe below the main reasons why you should be granted the training grant to participate in this course and how this course could help you and your organization.</p>

Certified true and correct by:

Applicant's Signature: _____

Printed Name: _____

Date: _____

Endorsed by:

Signature of Endorsing Officer: _____

Printed Name: _____

Position: _____

Date: _____

Agency Official Seal

SUBMITTING THE APPLICATION

All the following must be received by **26 March 2012**:

1. Fully accomplished and signed **APPLICATION FORM**, with the **signature clearly visible**. A scanned signature is acceptable.
2. Applicant's **PROFESSIONAL AWARDS** list (see page 2 of application form);
3. Applicant's **CURRICULUM VITAE** or **RESUMÉ**; and
4. The signed **NOMINATION FORM**. Again, a scanned (but clearly visible) signature is acceptable.

Send as email attachments to nea@agri.searca.org or fax (+63-49) 536-2283. Applications should state "**Regional Course on Research Management for Executives**" in the subject line. Receipt of your application will be acknowledged through email.

This application is available online for download (PDF and MS Word) at <http://www.searca.org>. Look for the "**Regional Course on Research Management for Executives**" link under "Knowledge Events."