

**SESRIC EMERGING TALENTS CAPACITY BUILDING PROGRAMME (SETCAB)**

**APPLICATION FORM**

**Please send the fully completed form to:**

**training@sesric.org**

**DIRECTIONS**

1. Carefully read all the instructions provided.
2. Answer each question clearly and completely.
3. Incomplete applications will not be considered.

Please ensure that you follow these directions while completing your application for the SESRIC Emerging Talents Capacity Building Programme (SETCAB). Thorough and accurate responses will help us evaluate your suitability for the programme and increase your chances of selection.

1. **PERSONAL BACKGROUND**

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| --- | --- | --- | --- |
| **First Name(**as written on passport) |  | **Middle Name** (if any) |  |
| **Surname**(as written in passport) |  |
| **Date of Birth**(dd/mm/yyyy**)** |  | **Country of Birth** |  |
| **Nationality of Birth** |  | **Other Nationality** |  |
| **Gender**(Female / Male) |  | **Marital Status** |  |
| **Telephone** (Country Code) (Area Code) Number |  |
| **Mobile**(Country Code) (Operator Code) Number |  |
| **Email Address** |  |
| **Present Address** |  |
| **Permanent Address** |  |

1. **PLEASE INDICATE YOUR PREFERRED DEPARTMENT(S)**

Select the department(s) you are most interested in working with during your training programme at SESRIC. You may choose more than one option.

**[ ]  Statistics and Information Department**

**[ ]  Economic and Social Research Department**

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**[ ]  Training and Technical Cooperation Department**

**[ ]  Publication and IT Department**

**[ ]  Administration and Finance Department**

1. **PLEASE SPECIFY THE DURATION OF YOUR TRAINING PROGRAMME**

Kindly provide the desired start and end dates for your training programme at the SESRIC.

**Start Date:** \_\_\_\_\_\_\_\_ (dd/mm/yyyy)

**End Date:** \_\_\_\_\_\_\_\_ (dd/mm/yyyy)

1. **LANGUAGE AND COMPUTER PROFICIENCIES**

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| **What is your mother tongue?** |  |
| Please indicate your level of proficiency in any other languages you may speak using the codes.(A: Advanced // I: Intermediate // B: Beginner // NP: No Proficiency) |
| **Language** | **Read** | **Write** | **Speak** | **Score\* (if any)** |
| **English** |  |  |  |  |
| **French** |  |  |  |  |
| **Arabic** |  |  |  |  |
| **Other (please specify ---------)** |  |  |  |  |
| \*Attaching the soft copies of valid exam scores of language proficiency tests (TOEFL, IELTS and YDS) will be preferred. |
| **Please indicate the computer skills you have.** | 1. 2.3.  |

Ensure to complete all fields, as this information will help us better understand your language and computer proficiencies.

1. **EDUCATIONAL BACKGROUND**

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| Please provide detailed information about your educational background, including the exact names of the educational institutions you have attended or are currently attending, as well as the (expected) degrees you have attained or will attain. |
| **Name of School/ College/ University** | **Department/ Major** | **Country** | **Academic Degree Obtained (BA / BSc / MA / MSc / PhD)** | **Year of (Expected) Graduation(yyyy)** |
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Ensure to complete all fields, as this information will help us better understand your academic qualifications.

1. **EMPLOYMENT HISTORY**

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| Please provide detailed information about your current and previous employments, including the names of the institutions or companies, countries, employment periods, positions, and job responsibilities. |
| **Name of Institution/ Company** | **Country** | **Start and End Dates of Your Employment Period** | **Your Position** | **Job Responsibilities** |
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Complete all fields to help us understand your professional experience and its relevance to the SESRIC Emerging Talents Capacity Building Programme.

1. **REFERENCE**

|  |
| --- |
| Please provide at least 2 contact persons whom we may reach out to regarding your educational and/or professional background. Ensure to include their full name, job designation, mobile number (with country and operator codes), email, and the nature of your relationship with them (educational, professional, or personal). |
| **Name SURNAME** | **Job Designation** | **Mobile Number**(country code) (operator code) number | **Email** | **Relationship(Educational, Professional, or Personal)** |
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Providing accurate and complete contact information will enable us to verify your background and qualifications for the SESRIC Emerging Talents Capacity Building Programme.

1. **AFFIDAVIT**

I hereby certify that my responses to the questions above are true, complete, and accurate to the best of my knowledge and belief. I understand that any misinterpretation or material omission made on this application form or any other document requested by the Centre may result in the termination or dismissal of your training programme with SESRIC.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

Name SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as written in passport)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this affidavit, you confirm the accuracy of the information provided in your application for the SESRIC Emerging Talents Capacity Building Programme and acknowledge the potential consequences of any misrepresentations or omissions.