CALL FOR SCHOLARSHIP APPLICATIONS, 3RD INTERNATIONAL COURSE

“COMMUNITY-BASED DISASTER RISK MANAGEMENT PLANS”

05 MAY – 13 JUNE, 2025

**ANNEX I**

**APPLICATION FORM**

**INSTRUCTIONS**

1. **Applications to the International Course and the scholarship provided by the Kizuna II Project are to be made through each invited country’s corresponding Focal Point. The Focal Points will officially process and make a pre-selection of candidates prior to submitting the applications to AGCID.**
2. **Once you have completed the forms, please send the Application Form together with the Annexes to the Focal Point in your country (see Annex IV).**
3. **The deadline for the receipt of applications from invited countries by AGCID is April 11, 2025, without exception.**

**Important:**

1. **Each applicant must be sponsored by their institution and have the corresponding signatures and stamps as required in the Application Form. The sponsoring institution will validate the applicant and endorse his/her application, and will ensure the applicant has all permissions necessary to participate in the online academic activities and to be absent from work during synchronous (live) activities.**
2. **No incomplete, illegible, or late applications will be considered. Application forms should be completed digitally.**

**Any doubts or queries may be addressed to:**

|  |
| --- |
| **Agencia Chilena de Cooperación Internacional para el Desarrollo – AGCID**  [**agencia@agcid.gob.cl**](mailto:agencia@agcid.gob.cl)  **+56 22 827 5700**  **Office hours:**  **9:00 am to 6:00 pm (Chilean time)** |

1. BACKGROUND INFORMATION

* 1. Personal Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Paternal surname |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Maternal surname |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Name(s) |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Nationality |  | | | | | | | Current country of residence | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| National ID No. |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Sex |  | Female | | | | | | | | |  | | Male | | | | | | | | |
|  |  |  | | | | | | | | |  | |  | | | | | | | | |
| Date of birth | *(dd/mm/yy)* | | | | | | | | |  |  | | | Age | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Civil Status |  | | | | | |  | | | | |  | | Yes | | |  | No | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Are you responsible for the care/custody of children or dependents? | | |  | Yes |  | No | | |  |  | | | | |  | | | |  | | | | |
|  |  |  | | |  |  | | |  |  | | | | |  | | | |  | | | | |
| Applicant´s Gender |  | Female | | |  | Male | | |  | Other | | | | |  | | | | Which? | | | | |

* 1. Applicant Contact Information

|  |  |
| --- | --- |
| Work address |  |
|  |  |
| City and country |  |
|  |  |
| Work phone: | *(Include country and city area codes)* |
|  |  |
| Personal phone: | *(Include country and city area codes)* |
|  |  |
| Mobile phone: | *(Include country and city area codes)* |
|  |  |
| Work email: |  |
|  | *\* Please indicate an email address that you check regularly* |
| Personal email: |  |
|  | *\* Please indicate an email address that you check regularly* |

* 1. Person to be notified in case of emergency

|  |  |
| --- | --- |
| Last Name(s) |  |
|  |  |
| Name(s) |  |
|  |  |
| Relationship to applicant |  |
|  |  |
| Home address |  |
|  |  |
| Contact phone number | *(Include country and city area codes)* |
|  |  |
| Email |  |

2. EDUCATIONAL BACKGROUND

2.1. Vocational / Technical Training

|  |  |
| --- | --- |
| Professional / Technical Degree |  |
|  |  |
| Name of University / Educational Institution |  |
|  |  |
| Start date | *(dd/mm/yy)* |
|  |  |
| End date | *(dd/mm/yy)* |
|  |  |
| Date of graduation | *(dd/mm/yy)* |

2.2. Courses and training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Postgraduate / Diploma / Course |  | Institution / Country |  | Dates  (Start and end date) |  | Duration |
|  |  |  |  | *Start (dd/mm/yy)*  *End (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start (dd/mm/yy)*  *End (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start (dd/mm/yy)*  *End (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start (dd/mm/yy)*  *End (dd/mm/yy)* |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you a previous recipient of an international scholarship for training? |  | No |  | Yes |  | Which scholarship? |

3. EMPLOYMENT HISTORY

3.1. Current employment information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current position |  | | | | | | | |
|  |  | | | | | | | |
| Institution |  | | | | | | | |
|  |  | | | | | | | |
| Type of institution |  | Public |  | Private |  | Civil society |  | Other |
|  |  | | | | | | | |
| Date of entry into current position |  | | | | | | | |
|  |  | | | | | | | |
| Description of duties | *(Include your responsibilities, such as: Work unit, number of people you supervise, annual targets, etc.)* | | | | | | | |
|  |  | | | | | | | |

3.2. Professional experience

(List all previous jobs relevant to this application, beginning with the most recent)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position |  | Institution / Country |  | Start date |  | End date |
|  |  |  |  | *dd/mm/yy* |  | *dd/mm/yy* |
|  |  |  |  |  |  |  |
|  |  |  |  | *dd/mm/yy* |  | *dd/mm/yy* |
|  |  |  |  |  |  |  |
|  |  |  |  | *dd/mm/yy* |  | *dd/mm/yy* |
|  |  |  |  |  |  |  |
|  |  |  |  | *dd/mm/yy* |  | *dd/mm/yy* |

4. DECLARATION AND RELIABILITY OF INFORMATION

4.1 Sworn Declaration

I, the undersigned, declare that all the information submitted in this application for the Call for Scholarship Applications for the Kizuna II Project to participate in the International Course is true, accurate and complete, and I authorise its verification if required.

I declare I am aware of the characteristics and orientation of the chosen study programme, as well as the competences required of the participants to perform adequately. Likewise, I agree to accept the terms and conditions set forth in the Call for Applications for the Kizuna Project as included in this Application Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *dd/mm/yy* |
| **Applicant Name** |  | **Signature** |  | **Date** |

4.2 Declaration of fluency in Spanish/English

*(for non-Spanish speaking countries only).*

I, the undersigned, declare I have good command of English and Spanish, both spoken and written. I am aware the International Course will be taught entirely in Spanish and English.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *dd/mm/yy* |
| **Applicant Name** |  | **Signature** |  | **Date** |

5. INSTITUTIONAL SPONSORSHIP

I, the undersigned, certify the person applying for the Kizuna II Scholarship Programme and the “International Course: Community-based Disaster Risk Management Plans” is employed by this institution and that his/her participation in this academic activity is recommended by this organisation. If selected, the applicant is authorised to participate in the international course and dedicate part of their working day to it, and is also authorised to attend the synchronous portions of the activities. Upon completion of the academic programme, the organisation undertakes to provide the support necessary for the proper application and transfer of the knowledge received, and to implement the Action Plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | *dd/mm/yy* |
| **Name of Sponsor**  **and Position** |  | **Email** |  | **Signature and Stamp** |  | **Date** |