CALL FOR SCHOLARSHIPS INTERNATIONAL COURSE

"USE AND MODELING OF HISTORICAL DATA AND FUTURE PROJECTIONS UNDER CLIMATE CHANGE SCENARIOS."

 2ND SEMI-ATTENDANCE EDITION

SEPTEMBER 8 TO OCTOBER 17, 2025

**ANNEX I**

**APPLICATION FORM**

**INSTRUCTIONS**

1. **The application to the International Course "Use and modeling of historical data and future projections under climate change scenarios" and the scholarship offered by the Kizuna II Project can only be made through the AGCID Focal Point in each invited country, who officializes and pre-selects interested persons before AGCID.**
2. **Once you have finished answering, you must send the Application Form, together with its Annexes, to the AGCID Focal Point in your country (Annex VI).**
3. **The deadline for AGCID to receive country applications is August 15, 2025.**

**Important information:**

1. **You must not dispense with the institutional sponsorship and the signature and seal endorsements required in this Application Form. The sponsoring Head will validate the applicant and endorse his/her application, ensuring that the applicant will have the necessary permissions to participate in the online academic activity and be absent from work during the synchronous (real time) activities.**
2. **Incomplete, illegible or late applications will not be accepted. The application forms are suggested to be filled out digitally.**

**Your questions or inquiries should be directed to:**

|  |
| --- |
| **Chilean Agency of International Cooperation for Development - AGCID****agencia@agcid.gob.cl****+56 22 827 5700****Hours of operation:** **9:00 a.m. to 6:00 p.m. (Chilean time)** |

**1. GENERAL BACKGROUND**

* 1. **Personal background**

|  |  |
| --- | --- |
| Paternal Surname |  |
|  |  |
| Maternal Surname |  |
|  |  |
| Names  |  |
|  |  |
| Nationality |  | Country of current residence |  |
|  |  |
| National Identity Card No. |  |
|  |  |
| Sex |  | Female |  | Male |
|  |  |  |  |  |
| Date of Birth | *(dd/mm/yy)* |  |  | Age |
|  |  |
| Marital status |  |  |  |  |  |  |
|  |  |
| Has responsibility for the care of children or dependents |  | Yes |  | No |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Gender of applicant |  | Female |  | Male |  | Another |  | Which one? |

* 1. **Applicant's contact information**

|  |  |
| --- | --- |
| Work Address |  |
|  |  |
| City and country  |  |
|  |  |
| Office Phone  | *(Include country and city codes)* |
|  |  |
| Personal Phone  | *(Include country and city codes)* |
|  |  |
| Cell Phone  | *(Include country and city 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 notify in case of emergency**

|  |  |
| --- | --- |
| Surname |  |
|  |  |
| Names |  |
|  |  |
| Relationship with the applicant |  |
|  |  |
| Home address  |  |
|  |  |
| Contact telephone number  | *(Include country and city codes)* |
|  |  |
| Email |  |

**2. EDUCATIONAL BACKGROUND**

**2.1. Vocational / Technical Training**

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

**2.2. Graduate Studies, Courses and Trainings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Postgraduate/Diploma/Course |  | Institution / Country |  | Date (Start and End) |  | Duration |
|  |  |  |  | *Start: (dd/mm/yy)**Term: (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start: (dd/mm/yy)**Term: (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start: (dd/mm/yy)**Term: (dd/mm/yy)* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | *Start: (dd/mm/yy)**Term: (dd/mm/yy)* |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you completed any international scholarship training? |  | No |  | Yes |  | Which Scholarship? |

**3. EMPLOYMENT HISTORY**

**3.1. Current employment information**

|  |  |
| --- | --- |
| Current position |  |
|  |  |
| Institution  |  |
|  |  |
| Type of institution |  | Public |  | Private |  | Civil society |  | Another |
|  |  |
| Date of entry into current position |  |
|  |  |
| Description of Functions | *(Include your responsibilities, such as: Unit of work, number of people in charge, annual goals, etc.)* |
|  |  |

**3.2. Professional experience**

(List previous jobs relevant to this application, starting 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. DISCLOSURE AND RELIABILITY OF INFORMATION**

**4.1 Statement of Spanish language proficiency**

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

I declare that I am fluent in oral and written Spanish. I am aware that the International Course will be given entirely in Spanish.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name of Applicant** |  | **Signature** |  | **Date** |

**4.2 Authorization for use of image**

I authorize AGCID to take photographs and/or film and/or recordings involving my personal image, to be used free of charge, in their original format, edited, or adapted, for the purposes of internal and external promotion and publicity of AGCID and the Kizuna II Project, and for any program, web page, electronic publication, social networks and/or posters that contribute to make visible the international cooperation that Chile carries out to support the development of other countries.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Yes, I authorize |  |  I do not authorize |  |  |

**4.3 Affidavit**

By my signature, I certify that all the information I submit in this application, requested by the present Call for Scholarships of the Kizuna II Project to participate in the International Course "Use and modeling of historical data and future projections under climate change scenarios", is reliable, accurate and complete; and I authorize its verification in case it is required.

I declare that I am aware of the characteristics and orientation of the chosen program of study, as well as the competencies that it requires for the participants to have adequate performance. I also declare that I accept the terms and conditions established in the Kizuna II Project Call for Proposals in which this Form is inserted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name of Applicant** |  | **Signature** |  | **Date** |

**5. INSTITUTIONAL SPONSORSHIP**

By my signature, I certify that the person applying for the Kizuna II Project Scholarship and its "Use and modeling of historical data and future projections under climate change scenarios", is employed at this institution and his/her participation in this academic activity is recommended by this Organization. If the person is selected, he/she will be authorized to participate and dedicate the necessary time of his/her working day to participate in all synchronous activities and attend the face-to-face phase in Chile.

Upon completion of the academic program, the Organization undertakes to provide the necessary support for an adequate application and transfer of the knowledge received and to consider the implementation of its Action Plan developed during the Course, which it will submit to this Office upon its return.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Name of sponsoring company****and Position** |  | **Email** |  | **Signature and Stamp** |  | **Date** |