

**ANNEX I**

**APPLICATION FORM**

**IV INTERNATIONAL COURSE**

**DATA SCIENCE FOR PUBLIC POLICY**

**OFFICIAL APPLICATION**

*(To be signed and confirmed by the highest authority of the institution)*

**COUNTRY**

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**NAME OF THE INSTITUTION TO WHICH THE CANDIDATE BELONGS**

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This organization recommends this application in accordance with the regulations of the Scholarship Program, AGCID - University of Chile, according to the call and its corresponding general information. In case of being selected, the candidate is authorized to participate and dedicate part of their working day on the dates determined by the executors of the International Course. Upon completion of the academic program, the organization provides the necessary support for an adequate application and transfer of the knowledge received.

|  |  |  |
| --- | --- | --- |
| Name of Supervisor |  | Official seal |
| Position |  |
| E-mail |  |
| Date | Signature |

**PART A: INSTITUTION INFORMATION**

1. Institution profile
2. Name of the organization

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1. Type of organization

(place an "x" in the corresponding option)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Government |  | Academic |  | Private |  | International |  | Other\* |  |

\* In case of "other", specify:

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1. Mission of the organization

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1. Link with international cooperation

If there is any form of cooperation, briefly describe the main activities:

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1. Objective of the application
2. Describe the strategic objectives of your institution linked to the SUBJECT OF THE INTERNATIONAL COURSE.

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1. Briefly describe how the training will support achieving the aforementioned objectives.

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1. Briefly describe the specific actions the institution will develop to achieve and/or complement the aforementioned objectives.

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1. Briefly describe the reasons why the candidate has been selected, referring to: 1) course requirements, 2) capacity/position or responsibility in the institution, 3) action plans or others.[[1]](#footnote-1)

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**PART B: APPLICANT INFORMATION**

1. Personal Information.

|  |  |
| --- | --- |
| Surnames\* |  |
| Names |  |
| Nationality |  |
| Date of birth |  |
| Sex | Male |  | Female |  |
| Personal address |  |
| City |  |
| Contact phone number |  |
| E-mail\*\* |  |

\* Provide information as it appears in the passport.

\*\* All the information will be sent to this email address if selected. Please provide an email that you check constantly.

1. Academic information

(From now on provide university studies only)

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| --- | --- | --- | --- |
| Degree obtained | Institution | Country | Term |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
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Other courses and training

(Only studies related to the subject of the International Course)

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| --- | --- | --- | --- |
| Course | Institution | Country | Term |
| From | To |
|  |  |  |  |  |
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Have you been a recipient of AGCID scholarships before?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If “Yes” please specify:

|  |  |  |
| --- | --- | --- |
| Scholarship | Country where the studies were carried out | Program completed |
|  |  |  |

1. Professional information
2. Current position (Position and institution)

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1. Description of functions

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1. Professional experience

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| --- | --- | --- | --- |
| Position\*(from the most recent to the oldest) | Institution | Country | Term |
| From | To |
|  |  |  |  |  |
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|  |  |  |  |  |

\*Briefly describe functions.

1. I have an advanced level of English in reading, writing and speaking

\_\_\_\_\_\_\_ Yes

\_\_\_\_\_\_\_ No

**STATEMENT**

(to be signed by the applicant)

I declare that I have read the call with all its instructions and corresponding annexes and that the information provided in this form is completely true and corresponds to all that requested.

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| --- | --- | --- |
| **NAME** | **DATE** | **SIGNATURE** |
|  |  |  |

1. In case of presenting more than one candidate, indicate the order of priority when submitting the documentation to the scholarship platform. [↑](#footnote-ref-1)