

SCHOLARSHIP PROGRAM

INTERNATIONAL DIPLOMA IN CYBERSECURITY

FROM SEPTEMBER 23 UNTIL DECEMBER 11, 2025



**ANNEX I**

**APPLICATION FORM**

**INSTRUCTIONS**

1. **The application to the international Diploma in Cybersecurity can only be made through the Focal Point of the Agency in each invited country, they also oversee the preselection and the regularization of the interested participants.**
2. **After filing the Application Form alongside its annexes, you must submit them in the Focal Point of your country.**
3. **The deadline to receive the applications in the Focal Points of AGCID is irrevocably due on August 29th, 2025.**

**Relevant information:**

1. **You must not forego the institutional sponsorship, signature backups and seal required in this Application Form. The Sponsoring Authority will receive and back up your application, ensuring that who applies has the necessary permits to participate in the online academic activity and to be absent from their work while the synchronous activities are taking place (in real time).**
2. **No application will be submitted if incomplete, illegible or after the deadline. It is suggested that the application forms are filled out digitally.**

**Any doubts or questions must be addressed to:**

|  |
| --- |
| **Chilean agency of international cooperation for the development**  [**agencia@agcid.gob.cl**](mailto:agencia@agcid.gob.cl)  **+56 22 827 5700**  **Business hours:**  **9:00 a 18:00 (Chilean time)** |

**1. GENERAL BACKGROUND**

* 1. **Personal background**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Paternal Last name |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Last name |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality |  | | | | | | | | | | Current country of residence | | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| National ID number |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender |  | Male | | | | | | | | | | | | |  | | Female | | | | | | | | |
|  |  |  | | | | | | | | | | | | |  | |  | | | | | | | | |
| Date of Birth | *dd/mm/yy* | | | | | | | | | | |  | | |  | | | Age | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital status |  | | | | | | | | | |  | | | | |  | |  | | | |  |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a caregiver of children or dependent people? | | |  | | Yes | | |  | | No | | | |  |  | | | | | |  | | | |  |
|  |  |  | | | | |  | |  | | | | |  |  | | | | | |  | | | |  |
| Gender of the candidate | | | |  | | Female | |  | | Male | | |  | | | Other | | | |  | | | | Which? | |

* 1. **Contact information about the candidate**

|  |  |
| --- | --- |
| Work address |  |
|  |  |
| City and country |  |
|  |  |
| Office phone number | *(Include country and city codes)* |
|  |  |
| Personal phone number | *(Include country and city codes)* |
|  |  |
| Cellular phone | *(Include country and city codes)* |
|  |  |
| Work email |  |
|  | *\* Please add an email that you check regularly* |
| Personal Email |  |
|  | *\* Please add an email that you check regularly* |

* 1. **Emergency Contact**

|  |  |
| --- | --- |
| Last names |  |
|  |  |
| Name(s) |  |
|  |  |
| Relationship with the candidate |  |
|  |  |
| Personal address |  |
|  |  |
| Contact number | *(Include country and city codes)* |
|  |  |
| Email |  |

**2. EDUCATIONAL BACKGROUND**

**2.1.** Professional and Technical education

|  |  |
| --- | --- |
| Professional/Technical title |  |
|  |  |
| University name/Education center |  |
|  |  |
| Date of Birth | *dd/mm/yy* |
|  |  |
| End date | *dd/mm/yy* |
|  |  |
| Graduation date | *dd/mm/yy* |

**2.2. Postgraduate courses, Training, and other courses**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you ever done any training with an international scholarship? |  | No |  | Yes |  | Which scholarship? |

**3. WORK HISTORY**

**3.1. Current work information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current position |  | | | | | | | |
|  |  | | | | | | | |
| Institution |  | | | | | | | |
|  |  | | | | | | | |
| Type of institution |  | Public |  | Private |  | Civil society |  | Other |
|  |  | | | | | | | |
| Date of entry into current position |  | | | | | | | |
|  |  | | | | | | | |
| Job Description | *(Add your responsibilities such as: Work unit, number of dependents, annual goals, etc.)* | | | | | | | |
|  |  | | | | | | | |

**3.2. Professional experience**

(Write down previous work experience relevant for this application form, starting with the most recent one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position |  | Institution/Country |  | Date of Birth |  | 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 Declaration of English/Spanish language proficiency**

*(Only for countries that do not speak Spanish).*

I declare that I have oral and written proficiency in the English or Spanish language. I am aware that the International Course will be taught in its entirety in Spanish and it will be simultaneously translated to English for who require it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *dd/mm/yy* |
| **Name of applicant** |  | **Signature** |  | **Date** |

**4.2 Image authorization**

I authorize AGCID and JICA to take pictures or/and make videos that involve my personal image to be freely utilized in its original, edited or adapted form to promote and internally and externally advertise, to form part of the web page, online publication, social media and/or posters to highlight the international cooperation efforts that Chile has put forth to support the development of other countries.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I authorize |  | I do not authorize |  |  |

**4.3 Sworn Statement**

I declare that all the information I present in this application process as requested hereby to participate in the Diploma in Cybersecurity, is truthful, precise, and complete, and I authorize its verification if needed.

I declare that I am under knowledge of the characteristics and orientation of the chosen study program, as well as the competences it requires so the participants have an appropriate performance. As such, I accept the terms and conditions established in the Scholarship program of the Diploma in Cybersecurity attached in this Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *dd/mm/yy* |
| **Name of applicant** |  | **Signature** |  | **Date** |

**5. INSTITUTIONAL SPONSORSHIP**

Through my signature, I certify that the person applying for the Diploma in Cybersecurity participates in this institution and their participation in this academic activity is recommended by this Organization. If the applicant is selected, they will be authorized to participate and dedicate a part of their workday to participating in the international course and attending the online activities. At the end of the academic program, the organization undertakes to bring the necessary support to an appropriate application and transfer of the knowledge received, and to implement their action plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | *dd/mm/yy* |
| **Name of the Sponsoring Authority and Position** |  | **Email** |  | **Signature and Seal** |  | **Date** |