



**FELLOWSHIP APPLICATION FORM**

*(To be filled in by typing or in block letters)*

**The United Nations/Italy Long-term Fellowship Programme  
On Global Navigation Satellite Systems (GNSS) and Related Applications  
Turin, Italy  
(deadline for submission: 27 September 2017 11:59 a.m. (CEST))**

<p>Nominee's full Name:</p> <p>Nominee's institution and country:</p>	<p>Please attach a recent photo here</p>		
<p><b>Hereby is nominated for the <i>United Nations/Italy long-term fellowship programme on GNSS and Related Applications.</i></b>  <b>The nominating agency/organization will be able [ ]</b>  <b>will not be able [ ]</b>  <b>to provide nominee's international roundtrip air travel ticket to Turin, Italy.</b></p> <p>The nomination is certified by</p> <p>_____</p> <p>(Name of head of nominating organization)</p> <p>_____</p> <p>(Official title of certifying officer)</p> <p>_____</p> <p>(Signature of head of nominating organization)</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>Official seal of institution and its e-mail address</b></p> <p>Date:</p>			
<p>COMPLETED APPLICATION FORMS AND ANNEXES SHOULD BE SENT TO THE UNITED NATIONS OFFICE FOR OUTER SPACE AFFAIRS</p> <p>Selected candidates will be notified by e-mail by 31 October 2017. Those candidates should then <b>confirm their acceptance of the offer no later than in 5 days after notification.</b></p>			
<p>Name, official title and professional relationship of three referees who are familiar with the applicant's work and qualifications:</p>			
	Name	Title	Relationship
1.			
2.			
3.			



Relevant courses, workshops, seminars or meetings you have attended in the last five years:			
Location	Title of activity	Duration (dates)	Sponsors

Please state briefly your reasons for applying to participate in this Fellowship Programme:

**EMPLOYMENT RECORD**

PRESENT POST: Title, unit and organization	
Dates:	Address of organization (including telephone and fax numbers, and e-mail address):
Functions of organization:	
Name of supervisor:	
Description of your work	
PREVIOUS POST: Title, unit and organization	
Dates:	Address of organization (including telephone and fax numbers, and e-mail address):
Functions of organization:	
Name of supervisor:	
Description of your work	

**RELEVANT TECHNICAL BACKGROUND/EXPERIENCE**

Elements of Signal Processing <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Digital Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Communication Systems <input type="checkbox"/> YES <input type="checkbox"/> NO	Elements of Navigation Systems <input type="checkbox"/> YES <input type="checkbox"/> NO
Basics of Communication Receiver Technology <input type="checkbox"/> YES <input type="checkbox"/> NO	Basics of Timing <input type="checkbox"/> YES <input type="checkbox"/> NO	Basics of Electromagnetic Wave Propagation <input type="checkbox"/> YES <input type="checkbox"/> NO	Programming Languages:

**CERTIFICATION OF KNOWLEDGE OF ENGLISH**

Name of candidate:	
<b>ABILITY TO UNDERSTAND SPEECH</b> <input type="checkbox"/> Understands without difficulty <input type="checkbox"/> Understands almost everything <input type="checkbox"/> Requires frequent repetition	<b>ABILITY TO SPEAK</b> <input type="checkbox"/> Speaks fluently <input type="checkbox"/> Speaks intelligibly <input type="checkbox"/> Speaks haltingly
<b>ABILITY TO WRITE</b> <input type="checkbox"/> Writes with ease and accuracy <input type="checkbox"/> Writes slowly <input type="checkbox"/> Writes with difficulty	<b>ABILITY TO READ</b> <input type="checkbox"/> Reads fluently <input type="checkbox"/> Reads slowly <input type="checkbox"/> Translates with difficulty
Other remarks:	
TOELF Certificate: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Certification by language examiner.</b>	
Language tested by	
_____	
(Name)	
_____	
(Title of examiner)	
_____	
(Institution, city, country)	
Date of examination:	_____
Signature of examiner:	Seal of Language Institution

**Please enclose your Curriculum Vitae, signed and dated by you, to this application form.**

**CANDIDATE'S CERTIFICATION**

I hereby certify that the statements that I have made in this application form are true, correct and complete.

**If selected, I hereby confirm that I will comply with the Terms of Reference of the Programme and I will make myself available for duration of the entire Fellowship.**

Date:

Signature of candidate:

This form, FULLY COMPLETED, should be submitted by mail to the United Nations Expert on Space Applications, Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than 27 September 2017 at 11:59 a.m. (CEST)**.

To accelerate processing of your application, you should also e-mail an advance copy directly to the Office for Outer Space Affairs, e-mail address: [osa@unoosa.org](mailto:osa@unoosa.org), or to send it by fax to the fax number (+43 1) 26060 5830.

**IMPORTANT:** In addition to the current form, all applicants are also **REQUESTED** to fill up the on-line application form of Politecnico di Torino as it will help to streamline the process of selecting recipients of the fellowship grants. Instructions on how to proceed with that and the link to appropriate webpage of Politecnico di Torino are available on the UN-OOSA website: <http://www.unoosa.org/osa/en/ourwork/psa/gnss/fellowships.html>

**NOTE:** THIS APPLICATION IS VALID ONLY IF **ALL AND EVERY** INFORMATION REQUESTED IS PROVIDED.