



**African Regional Centre for Space Science and Technology
Education in English (ARCSSTE-E)
Obafemi Awolowo University Campus
Ile-Ife, Nigeria.**

APPLICATION FORM

(Last date for receipt of application form: August 1, 2010)

International Training Course Satellite Navigation and Location Based Services

Ile-Ife (Nigeria)

From 4th to 29th October, 2010

1) Name :

2) First Name :

3) Date of Birth : 4) Place:

5) Nationality:

6) Address:

.....

City :.....Country:.....

Tel. :.....Fax:.....

E-mail :

7) Academic Background: (degrees, where and when obtained)

.....

.....

Diploma (Degree).....

.....

8) Fields :

9) Professional Background

- Professional Position:

.....

- Address and Name of Institution:.....

.....
.....
.....

- Background Experience Relevant to this Course:.....

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.....
.....

10) Have you previously participated in training courses/workshops/seminars (regional or international) organized by the United Nations or its specialized agencies? Yes () No ()

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:.....

.....
.....

11) Passport (International Trainees)

- N°:

- Place of Delivery :

- Date of Issue:

- Date of Validity:

12) HEALTH REQUIREMENTS

Life/major health insurance for each selected participant is the responsibility of his/her institution.

13) FUNDING

Funds available to support participants in the training course are limited. Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses will be considered on a priority basis. Thus we strongly encourage you to seek alternative funding to secure your participation.

Please indicate below if you are able to pay for your round trip travel and/or living expenses for the duration of the training course (covered either by your sponsoring agency/organization, or another international, regional or national organization) or if you wish to be considered for funding support.

Living expenses for the duration of the Workshop

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

Round trip travel to Lagos, Nigeria

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

IMPORTANT: We will only consider your request for funding support if your Application Form is complete.

14) Applicant's signature:

(Signature of Applicant) (Place) (Date)

15) Head of nominating agency/organization (required for processing of application).

(Signature of the Head of agency/
institution/company) (Place) (Date)

(Full name and title of Head of nominating agency/organization/company in print)

(Seal of agency/organization)

Mail the Application Form latest by 1 August 2010 to:
ARCSSTE-E
P.M.B. 019, OAU Post Office,
Ile-Ife, Nigeria
Tel : (+234) 035208253, (+234) 08034007146
E-mail Address : director@arcsstee.org, or arcsstee@oauife.edu.ng
Web Site : www.arcsstee.oauife.edu.ng