

UNITED NATIONS / INTERNATIONAL ASTRONAUTICAL FEDERATION
International Workshop on
“Space for Human and Environmental Security”

Workshop: 30 September - 2 October 2011, Cape Town, South Africa;
62nd International Astronautical Congress: 3 - 7 October 2011, Cape Town, South Africa.

APPLICATION FORM
(To be filled in by typewriter or in block letters using black ink)

I hereby apply to participate in the 2011 UN/IAF Workshop. (Nominees should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form.)

A. PERSONAL DATA

1. Family Name: _____ First Name: _____ Middle Name: _____
(as given in your travel passport) (as given in your travel passport) (as given in your travel passport)
2. Sex (Male/Female): _____ 3. Date of Birth: _____ / _____ / _____
Day Month Year
4. Nationality: _____
5. Current title/Position: _____
6. Agency/Organization: _____
7. Principal Functions/Duties: _____
8. Official Mailing Address: _____

City: _____ State: _____ Country: _____

9. Phone: _____ Fax: _____

E-mail(s): _____

(Please make sure to double check your phone/fax numbers and E-mail address, since this will be our principal means to contact you)

10. In case of emergency contact: _____

Address: _____

Phone: _____ Fax: _____ E-mail(s): _____

B. ACADEMIC AND PROFESSIONAL BACKGROUND

11. Your academic background (degrees, where and when obtained, and a description of your fields of study):

12. Your professional experience relevant to this Workshop (please use an additional page if necessary):

13. Provide detailed information on the programmes in your country that could benefit from your participation in this Workshop and be explicit in how you will personally/professionally contribute to these programmes and in how you will spread information gathered at the Workshop (please use an additional page if necessary):

14. 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:

C. PARTICIPANT PRESENTATIONS

15. Please note that selected participants will have the opportunity to give a presentation of approximately 10-20 minutes on the topics listed in the Information Note. Please indicate below the title and give a short description of the presentation (you may also attach your paper/abstract to this application):

16. Have you submitted paper(s) to the 62nd IAC ? Yes () No ()
If **Yes**, was your paper accepted by IPC? Yes () No ()

Please indicate below the title of your paper and symposium/session where it will be delivered:

D. HEALTH REQUIREMENTS

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

E. FUNDING

18. ***Funds available to support participants of the Workshop are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses and/or IAC registration fee will be considered on a priority basis. Please indicate below if your nominating agency (or another organization) will be able to support your round trip travel and/or living expenses and/or IAC registration fee, or if you wish to be considered for funding support.

Living expenses for the duration of the Workshop and IAC

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 Cape Town, South Africa

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 ()

IAC registration fee

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, including the signature and stamp/seal of the Head of the nominating agency/organization. It is important that our Office receives the original of this application form.

19. Nominee's signature:

(Signature of nominee)

(Place)

(Date)

20. Head of nominating agency/organization:

(Signature of Head of nominating
agency/organization)

(Place)

(Date)

(The head of the nominating agency/organization also confirms with his signature that the nominating agency/organization will be able to provide funding for the participation of its nominee as indicated in section E of this application form):

(Full name and title of the Head of nominating agency/organization)

(Seal of agency/organization)

Note: The FULLY COMPLETED original of the application form should be mailed directly, or forwarded through the Resident Representative of the United Nations Development Programme (UNDP), to the Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than 15 May 2011.** To accelerate processing of your application, **you should e-mail an advance copy of the completed form to the Office for Outer Space Affairs (unpsa@unvienna.org), or send it by fax (Fax Nr.: +43-1 26060-5830).**

We strongly encourage all candidates **to apply for the Workshop online**, as it helps us to streamline the processing of applications. The online application form can be accessed through the following Internet link: <http://www.oosa.unvienna.org/oosa/en/SAP/act2011/un-iaf/index.html>