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|  | **South East Asia Regional Conference on Child Online Protection**  25-27 February 2020  Manila, Philippines | | | | |  |
| Please return to: | | | **ITU/BDT**  **Support Services Division (SUP)**  **Geneva, Switzerland** | | E-mail: [fellowships@itu.int](mailto:fellowships@itu.int)  Tel: +41 22 730 5227 / 5487 Fax:+41 22 730 5778  Copy to : [porntip.modethes@itu.int](mailto:porntip.modethes@itu.int) | | |
| **Request for a fellowship to be submitted before 14 January 2020** | | | | | | |
|  | | | | Participation of women is encouraged | |  | |
| **Country**  **Name of the Administration or Organization**  **Mr / Ms**  **(given name) (family name)**  **Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PASSPORT INFORMATION :**    **Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Nationality Passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**      **Date of issue In (place) Valid until (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **CONDITIONS** | | | | | | |
| **1. One full fellowship per eligible country.** | | | | | | |
| **2. One return ECO class airticket by the most direct/economical route.** | | | | | | |
| **3. A daily allowance to cover accommodation, meals and incidental expenses.** | | | | | | |
| **4. Imperative that fellows be present from first day till the end of the event.** | | | | | | |
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| **Signature of fellowship candidate Date** | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*.***    **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |