## **ITU Fellowship Application Form Partial Fellowship – Regular Budget**

This form serves as your application for a fellowship to support your participation in:

**Meeting of ITU-T Study Group 3 Regional Group for Latin America
and the Caribbean (SG3RG-LAC)**

**City/Country: Lima/Peru**

**Dates: From 2 to 6 September 2024**

**Fellowship type: Partial.** Other costs will not be covered as part of the fellowship award.

**Deadline for application: 22 July 2024 (23:59 hours, Geneva, Switzerland).** Any application received after this deadline will not be considered.

**Selection Criteria**

* Refer to the corresponding invitation letter for further information on the selection criteria.
* Fellowship awards for this event are governed by the [**Policy for awarding fellowships for events and activities funded through the ITU regular budget**](https://www.itu.int/en/fellowships/Documents/2021/SO_21-02_E.pdf).
* To ensure good governance in the use of fellowships, any one individual may not be awarded more than one full fellowship, or two partial fellowships in a financial year. In this respect, the amount granted to any one individual shall not exceed ten thousand (10 000) Swiss Francs in a financial year.

**How to fill out this form**

* All questions marked with \* are mandatory.
* Please print all pages of this form and complete the signature sections.

**How to submit this signed form** (and any relevant documents)

* Email: fellowships@itu.int or Fax: +41 22 730 57 78

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| **ITU will only consider requests that meet all the above requirements and any other stipulations in the announcement letter**  |

**More information:** Web: <https://itu.int/en/fellowships/> Contact: fellowships@itu.int

**Conditions – Partial fellowship**

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| 1. Indicate your selection between the following 2 options*\**   Other costs will not be covered as part of this fellowship award.   | [ ]  one (1) return economy class ticket by the most direct/economical route from the country of origin to the activity venue   | or  | [ ]  subsistence allowance to cover accommodation, meals and incidental expenses   |
| In the case where two partial fellowships are requested from one Member State, at least one should be for an air ticket. |

**Personal Information**

|  |  |
| --- | --- |
| 2. Country \*  |  |
| 3. Name of Administration \*  |  |
| 4. Gender \* | [ ]  Female[ ]  Male[ ]  Prefer not to say |
| 5. Email address \*  |  |
| 6. Phone number \*  |  |

**Passport Information**

Please complete this section based on the passport that will be used to apply for visa and, if selected, to travel to the activity venue.

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| --- | --- |
| 7. Family/Last Name \*  |  |
| 8. Middle Name  |  |
| 9. First/Given Name \*  |  |
| 10. Date of Birth (DD/MM/YYYY) \*  |  |
| 11. Place of Birth (City, Country) \* |  |
| 12. Nationality \*  |  |
| 13. Passport Number \*  |  |
| 14. Passport Date of Issue (DD/MM/ YYYY) \*  |  |
| 15. Passport Date of Expiry (DD/MM/YYYY) \*  |  |
| 16. Passport Place of Issue/Issuing Authority \*  |  |

**Education and Work Experience**

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| --- | --- |
| 17. Job title \*  |  |
| 18. Highest level of education completed \* | [ ]  Doctorate Degree of Post Doctorate studies [ ]  2nd University Degree (Master or equivalent) [ ]  1st University Degree (Bachelor or equivalent) [ ]  Technical Diploma (or equivalent)[ ]  High school diploma[ ]  Other |
| 19. Field of Studies \*  |  |
| 20. Number of years of relevant work experience \* | [ ]  1-5 years[ ]  6-10 years[ ]  11-15 years+16-20 years[ ]  More than 20 years |
| 21. Briefly describe your current work functions \* (provide separate documents or CV as necessary) |  |
| 22. Describe your experience in relation to the activity \* (provide separate documents or CV as necessary) |  |
| 23. Upon return to your country, how will you make use of the knowledge acquired during the activity  \* (provide separate documents or CV as necessary) |  |

**Additional Information**

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| 24. Have you already benefited from fellowship(s) during the current year? \* | [ ]  No | [ ]  Yes - Provide the activity name(s)/year(s): |
| 25. Describe any accessibility or specific needs you may have (optional) |  |

**Conditions and Applicant Signature**

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| In signing and submitting this form, I certify that I have read the following conditions and accept them in their entirety. \*  | Please agree to all conditions. [ ]  I hereby certify that the statements in this application are true and complete \*[ ]  If selected for a fellowship, I undertake to attend the entire event \*[ ]  If selected for a fellowship, I undertake to inform ITU whenever there are changes in my availability that will affect the terms of my ITU award \* |
| Applicant Signature \* | Date (DD/MM/YYYY) \* : |

**National Designated Focal Point Signature**

This application shall be duly signed and authorized by the national designated focal point and/or a senior officer from the Administration/Member State.

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| Full name \*:Job title \*:Email \*: | Signature \*Date (DD/MM/YYYY) \* : |
| Stamp of the Administration/Member State \*  |