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|  | Tel: 82-2-774-3933  Fax: 82-2-774-3958  E-mail: ent@unescoapceiu.org  [www.unescoapceiu.org](http://www.unescoapceiu.org/) |

**15th Asia-Pacific Training Workshop on EIU**

EIU, Fostering Global Citizenship

22-30 July 2015 ㅣ Republic of Korea

**APPLICATION FORM**

**INSTRUCTION**

Please complete this application form and submit the signed form **to the National Commission for UNESCO in your country prior to the deadline.** Applicants should first fill out **Part II & III** and then let the recommending person/organization fill out **Part I**.

* *The application deadline (from National Commission for UNESCO to ACPEIU) is* ***24 May 2015.***

**I. LETTER OF RECOMMENDATION** (This part should be filled out by the **RECOMMENDER**.)

(The name of Government/Institution) recommends

(The name of Applicant)

(First) (Family)

to participate in the above workshop, and hereby certifies that:

|  |
| --- |
| a) all information supplied by the applicant are complete and correct; |
| b) the applicant is a **teacher trainer/educator** with a minimum **5-year career experience** or be in a position to influence curriculum development and teacher education policies if not directly involved in training educators;  c) the applicant has commitment to **implement EIU/GCED training workshops** **within 6 months** after the participation of the Workshop (\**Report on the implemented training workshops should be sent to APCEIU by February 2016);*  d) the applicant has aptitude to carry out EIU/GCED activities in their local setting; and  e) the applicant is proficient in spoken and written English. |

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| **Recommender’s Name** |  | |
| **Position** |  | |
| **Contact Information** | ***Tel*** | (office) (Mobile) |
| ***Fax*** |  |
| ***E-mail*** |  |
| ***Address*** |  |

Date: Signature:

**II. APPLICANT’S PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |
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| **Full Name**  **of applicant** | | First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Date of Birth** | |  | | **Gender** | | | [ ]Male [ ]Female | |
| **Nationality** | |  | | | | | | |
| **Affiliation/ Organization** | | Name of Organization: | | | | | | |
| Position: | | | | | | |
| Address | | | Tel: | | | |
| Fax: | | | |
| E-mail: | | | |
| **Personal Contact**  **Information** | | Address | | | Tel: | | | |
| Mobile: | | | |
| Fax: | | | |
| E-mail: | | | |
| **Language Skills** | | Mother tongue |  | | | | | |
| English |  | | Level: |  | | |
| Other languages | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Level: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Educational Background including Specialized Trainings for Professional Development** | | | | | | | | |
| **Year** | | **School/Institute/Training Organization** | | | **Type of Degree/ Certificate** | | | **Major/**  **Specialization** |
| **From** | **To** |
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| **Professional Background (Please attach extra sheet if needed)** | | | | | | | | |
| **Year** | | **Position/Organization** | | | **Job Description** | | | |
| **From** | **To** |
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**III. STATEMENT OF PURPOSE**

**Please answer the following questions as precisely as possible. Please bear in mind that all participants will be selected essentially based on the information stated here.**

1. **Why would you like to participate in this workshop? Tell us what motivates you and the reasons to apply for this workshop. (maximum 300 words)**
2. **How will your participation contribute to the promotion of education for a Culture of Peace in your institution/community/country? (maximum 200 words)**
3. **One of the requirements for eligibility is being a teacher trainer/educator with a minimum of a 5-year career experience OR being in a position to influence curriculum development and teacher education policies if not directly involved in training educators. Regarding to this, please describe your experience as a teacher trainer/educator OR professional in relevant areas in the field of teacher education. (Maximum 500 words)**
4. **The workshop participants are required to implement EIU/GCED training workshops in their local areas within 6 months after the participation of this workshop. In relation to this, please describe your concrete plan for this. Be as specific as possible. (Maximum 500 words)**

**I hereby certify that all information given in this application is true and correct.**

**Date: Signature:**