

APPLICATION FORM

to International Courses Specializing in Public Administration (CISAP)
to be sent at least two months before the beginning of the training to the Co-operation and Cultural Action Service of the French Embassy located in your country of residence

Country of residence:

Title of training programme requested :

Dates of training programme :

<u>Civil Status</u>	<u>Graduate study</u>	<u>Profession</u>
<p>FAMILY NAME(S) in order of civil status (underline name commonly used) :</p> <p>Maiden name :</p> <p>First name(s) :</p> <p>Date and place of birth :</p> <p>Nationality (ies) :</p>	<p>Total graduate years validated by a diploma: years</p> <p>Subject of speciality:</p> <p>Highest degree :</p>	<p>Date of entry into the public service :/...../.....</p> <p>PRESENT POSITION (name of post) :</p> <p>DEPARTMENT/UNIT:</p> <p>ADMINISTRATION OR ESTABLISHMENT :</p> <p>TOWN/COUNTRY:</p>

Home address:

Phone :

E-Mail :

Fax :

Professional address:

Phone :

E-Mail :

Fax :

Previous candidacies and training programmes

Have you ever applied for an ENA or IIAP training programme ? Yes No

If so, which?

Have you ever participated in an ENA or IIAP training programme ? Yes No

If so, which?

If so, have you been granted a French government scholarship ? Yes No

Legal mention concerning personal data protection : «The Direction of Ena informs you that the information collected is subject to a data processing for administrative and educational management of students. The recipients of the data are: the Department of International Relations, the IT and audiovisual Department and the Direction of the School. The data are also subject to treatments for statistical purposes. In accordance with French law #78-17 dated 6.01.78 (CNIL #311,563), you can exercise your right to access or correct information related to you at any time by sending an email to : correspondantcnil@ena.fr. You can also, for legitimate reasons, oppose the processing of personal data.

Graduate studies

Total graduate years : 2 3 4 5 and more

Highest degree (title, subject) :

Titles of doctoral thesis and/or research studies: :

List of diplomas or university degrees obtained	Name and address of establishment	Year of graduation

Publications

Indicate title, name of publisher or review and publication date (*on separate sheet if necessary*)

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Language competencies

Mother tongue:

Language proficiency:	Spoken			Written		
English	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Other language	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

A : Basic user **B** : Indépendant user **C** : Experienced user

Other periods abroad

In what countries have you lived and for what purposes?

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Professional experience

<p><u>Present position :</u></p>	<p>Description of your tasks : (Indicate your personal responsibilities)</p>
Date of entry in this position :	
Administration or establishment you are working for :	
Name and title of your immediate superior :	

Previous positions		Describe your professional career, indicating the administration or establishment you worked for, your post, dates of service, and the nature of your functions and responsibilities.
Administration or establishment you are working for : Name of post : Dates : from to	Description of your tasks :	
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Motivations

For what purpose are you participating in this cycle?
(to be better adapted to your present job, change job, obtain a promotion? Other aim(s)?

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Expectations from the cycle

Given what you know about this cycle, which particular areas do you wish to focus on ?

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What others subjects related to the theme of the cycle would you like to study ?

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Describe, in order of your priorities, the competencies you hope to acquire during the cycle:

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FINANCING YOUR TRAINING PROGRAMME

To cover your expenses during your stay in Paris and training fees, indicate whether you will:

- benefit from a scholarship from the French government
- benefit from a scholarship from the government of your country
- rely on your personal resources
- benefit from an other kind of scholarship (If so, which one?)

REQUIRED PAPERWORK

Official letter of presentation : This document completed and stamped by your employer is a mandatory part of the review of your application form.

IN CASE OF ADMISSION :

INSURANCE :

In order to be definitively accepted to the cycle, **all candidates must present proof of adequate insurance cover** (individual liability, accident, illness) during their stay in France. Such an insurance costs approximately 100 € in Paris.

FEES PAYMENT :

I undertake to send to the Co-operation and Cultural Action Service of the French Embassy, a week before the start of training:

1 : IF I BENEFIT FROM A SCHOLARSHIP FROM THE GOVERNMENT OF MY COUNTRY : the admission letter signed and the registration form* completed and signed by the funder

2: IF I TAKE OVER MYSELF THE FEES : the admission letter and the registration form* I have completed and signed and I undertake to pay the amount (€ 650 or € 850) in cash on the first day of the training.

** The French embassy will send you the registration form along with your admission letter.*

Note: Registration is only final if the supporting funding were submitted on time.

I have read the conditions for admission in CISAP and agree to abide by them.

Date :

Signature :

Any inexact or incomplete declaration can lead to a candidate's rejection or exclusion from the cycle.

SECTION TO BE FILLED BY THE FRENCH EMBASSY (compulsory)

Considering the candidate's functions, the administration which employs him, and the training requested, my assessment of the application is: Very favorable Favorable Reserved

Level of English : Excellent Medium Poor

Is this training in the context of a bilateral cooperation project? Yes No

If so, which?.....

Is there a French government scholarship possibility in support of this candidacy? : Yes No

Reason for decision :

Date :

Name and position :

Signature :

Stamp of the
French embassy (compulsory)

