



## Design and Evaluation of Innovation Policies: Evaluating the Impacts of Science, Technology and Innovation Programs

### Application form

Addis Ababa, Ethiopia  
22-26 February 2010

**DEADLINE FOR SUBMISSION IS 21 January 2010!!!!**

Please answer each question clearly and completely. Type or print in dark ink. All relevant information should be included in this form but if necessary, you may attach additional pages of similar size. Please complete in English and attach a recent photograph (passport size). The form should be signed by you and your immediate supervisor.

Please send your application, **preferably electronically**, to the following address:

<b>Applicants from Ethiopia please send your forms to:</b>	<b>Applicants from other countries, please send your forms to:</b>
Mr. Getachew Yoseph Ethiopian Development Research Institute (EDRI) Near National Stadium, Blue Building, P.O.Box 2479 Addis Ababa, Ethiopia Tel 251-11-550 60 66 Fax 251-11-550 55 88 E-mail <a href="mailto:yosget@yahoo.com">yosget@yahoo.com</a>	Ms. Eveline in de Braek DEIP Programme Keizer Karelplein 19 6211 TC Maastricht The Netherlands Fax: +31-43-3884499 <a href="mailto:indebraek@merit.unu.edu">indebraek@merit.unu.edu</a>

Identification of applicant

Photo (only if available via scan)

1. Family name (surname) \_\_\_\_\_  
(underline the family name by which your are officially addressed)

2. Other names \_\_\_\_\_

3. Address for communication

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone \_\_\_\_\_  
(country code-area code-telephone number)

5. Fax \_\_\_\_\_

6. E-mail \_\_\_\_\_

7. Home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Place of Birth \_\_\_\_\_

9. Date of Birth \_\_\_\_\_

10. Nationality \_\_\_\_\_

11. Marital status \_\_\_\_\_

12. Gender  Male  Female

**PLEASE ONLY COMPLETE POINTS 13-18 IF YOU ARE NOT RESIDING IN ETHIOPIA**

13. Passport or ID Number \_\_\_\_\_

14. Issuing authority \_\_\_\_\_

15. Date of Issue \_\_\_\_\_

16. Place of issue \_\_\_\_\_

17. Date of Expiry \_\_\_\_\_

18. Name and address of person to be notified in case of emergency

\_\_\_\_\_

19. Relationship with applicant

\_\_\_\_\_

\_\_\_\_\_

20. Telephone \_\_\_\_\_

21. Fax

\_\_\_\_\_

22. E-mail \_\_\_\_\_

**A. Present Employment Status**

23. Country \_\_\_\_\_

24. Ministry/Institute/Organization \_\_\_\_\_

25. Functional title \_\_\_\_\_

26. Number of years of Experience \_\_\_\_\_

27. Describe your current functional responsibility: Please provide a brief description of your responsibilities. Indicate which of the following are most applicable: (a) Policy with regards to technology, innovation and innovation policy (such as policy analysis; policy evaluation; administering research grants/tax incentives; other forms of technology financing; S&T statistics; technology forecasting; policy advisory) in 250 words.

28. Describe how course content might link with your current work and responsibilities (no more than 250 words)

**B. Education**

29. University Education (start with the most recent) Name and city of institutions of study, Field of study, Years, Degree obtained. (or add your CV, if convenient)

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**D. Funding (NOT APPLICABLE FOR PARTICIPANT FROM ETHIOPIA)**

30. Do you have funds for travel (specify)  Yes  No

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31. Do you have funding for boarding and lodging  Yes  No

(Participants from outside Ethiopia have to provide their own funding for travel, lodging and local expenses)

I certify that the statements made by me in answer to the foregoing questions are true, and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_

Place and Date \_\_\_\_\_

**E. Supervisor's letter of reference**

Name of Applicant \_\_\_\_\_

I authorize applicant's participation to the DEIP program of Addis Ababa, Ethiopia.

Name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Place and Date \_\_\_\_\_