

Design and Evaluation of Innovation Policies Application form

DEADLINE FOR SUBMISSION IS 15 August 2008!!!!

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). Add the following two enclosures: (i) Letter of government clearance; and (ii) Letter of reference from the supervisor.

Please send to:

UNU-MERIT
DEIP Programme
Keizer Karelplein 19
6211 TC Maastricht
The Netherlands

Fax: +31-43-3884449

E-mail: Deip@merit.unu.edu

A. Identification of applicant

Photo

1. Family name (surname)

(Underline the family name by which you are officially addressed)

3. Other names

4. Address for communication

5. Telephone:

(Country Code-Area

Code-Telephone Number)

6. Fax:

7. E-mail:

8. Home address:

9. Place of birth

10. Date of birth: (DD-MM-YYYY)

11. Nationality

12. Marital Status

13. Sex: Male Female

14. Passport Number

15. Issuing authority:

16. Date of Issue:

17. Place of issue:

18. Date of expiry

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

20. Name:

21. Relationship with the applicant

22. Telephone

23. Fax:

24. E-mail:

B: Present Employment Status

25. Country:

26. Ministry/Institute/Organisation

27. Functional title

28. Number of years of experience:

29. Current functional responsibility: (a) Policy analysis; (b) Administering research grants/tax incentives; (c) Other forms of technology financing; (d) S&T statistics; (e) Technology forecasting; (f) Policy advisory; (g) Other relevant professional experience (specify).

C. Education

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

D. Funding:

31. Do you have funds for travel? (specify): Yes No

32: Do you have funding for boarding and lodging? Yes No

33. Is government clearance needed for your acceptance of this programme?

Yes No

If Yes, please attach a copy of it.

34. 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

F. Supervisor's letter of reference

Name of applicant:

UNU-INTECH would like to have your observations and comments on the following points. Please feel free to add any other information/comment you consider relevant.

1. Relevance of the training programme for the tasks performed/to be performed by the applicant.

2. Competence of the applicant

3. Ability to share her/his knowledge gained with other colleagues

Name and address

Signature

Place and date