# Training Course

**Design and Evaluation of Innovation Policy (DEIP)**  
**in an Emerging Country Context**

**Gebze, Turkey**  
**6-10 December 2010**

## Application form

**Deadline for Submission is 12 November 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:

<table>
<thead>
<tr>
<th>Applicants from Turkey, please send your forms to:</th>
<th>Applicants from other countries, please send your forms to:</th>
</tr>
</thead>
</table>
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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
If you are not residing in Turkey, please complete points 13-18 (otherwise please go to point 19)

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

______________________________________________________________

B. Funding

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

______________________________________________________________

20. Do you have funding for boarding and lodging □ Yes □ No

( Participants from outside Turkey are expected to arrange for their own funding for travel and related expenses. Accommodation will be provided by TUBITAK.)
C. Present Employment Status

21. Country ______________________________________________________________

22. Ministry/Institute/Organization __________________________________________

23. Functional title _______________________________________________________

24. Number of years of Experience __________________________________________

25. 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.

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

27. 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).

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 (For invitations sent out by name, please skip this section)

1. Family name (surname) ___________________________________________

2. Address for communication________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Telephone ______________________________________________________

4. Fax ___________________________________________________________  

5. E-mail _________________________________________________________  

6. Name of applicant________________________________________________
   ________________________________________________________________

7. Relationship with applicant ________________________________________
   ________________________________________________________________

I authorize applicant’s participation to the DEIP program of Gebze, Turkey.

Signature __________________________________________________________

Place and Date _____________________________________________________