Design and Evaluation of Innovation Policy

Application form

Bogota, Columbia
12-16 September 2011

DEADLINE FOR SUBMISSION IS 27 June 2011

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 to the following address:

<table>
<thead>
<tr>
<th>Sra. Eveline in de Braek</th>
<th>Claudia E.Obando Rodriguez</th>
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<tbody>
<tr>
<td>DEIP Programme</td>
<td>Asesora</td>
</tr>
<tr>
<td>Keizer Karelplein 19</td>
<td>Dirrección de Desarrollo</td>
</tr>
<tr>
<td>6211 TC Maastricht</td>
<td>Tecnológico e Innovación</td>
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<tr>
<td>The Netherlands</td>
<td>Departamento Administrativo</td>
</tr>
<tr>
<td>Fax: +31-43-3884499</td>
<td>de Ciencia, Tecnología e</td>
</tr>
<tr>
<td><a href="mailto:indebraek@merit.unu.edu">indebraek@merit.unu.edu</a></td>
<td>Innovación</td>
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<td>(COLCIENCIAS)</td>
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<td>Cra 7b Bis No. 132-38 Casa</td>
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<tr>
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<td><a href="mailto:ceobando@colciencias.gov.co">ceobando@colciencias.gov.co</a></td>
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</table>

Claudia E.Obando Rodriguez
Asesora
Dirrección de Desarrollo Tecnológico e Innovación
Departamento Administrativo de Ciencia, Tecnología e Innovación
(COLCIENCIAS)
Cra 7b Bis No. 132-38 Casa A2
ceobando@colciencias.gov.co
A. Identification of applicant

Photo

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

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 __________________________________________________________
B. 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 then 250 words)
C. Education

29. University Education (start with the most recent) Name and city of institutions of study, Field of study, Years, Degree obtained.

<table>
<thead>
<tr>
<th>Language</th>
<th>Proficiency</th>
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<tbody>
<tr>
<td>Mother-tongue</td>
<td>Fluent</td>
</tr>
<tr>
<td>English</td>
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</table>
D. Funding

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

___________________________________________________________________

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

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

33. 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 Bogota, Colombia.

Name and address

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Signature __________________________________________________________

Place and Date ________________________________________________________