Training Course
Design and Evaluation of Innovation Policy (DEIP)

Jakarta, Indonesia
14-16 March 2011

Application form

Deadline for Submission is 25 January 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 your application, preferably electronically, to the following address:

<table>
<thead>
<tr>
<th>Applicants from Indonesia, please send your forms to:</th>
<th>Applicants from other countries, please send your forms to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Derry Pantjadarma</td>
<td>Ms. Eveline in de Braek</td>
</tr>
<tr>
<td>BPPT Building II/12th Floor</td>
<td>DEIP Programme</td>
</tr>
<tr>
<td>Jl.M.H. Thamrin 8</td>
<td>Keizer Karelplein 19</td>
</tr>
<tr>
<td>Jakarta 10340</td>
<td>6211 TC Maastricht</td>
</tr>
<tr>
<td>Phone: +62-21-316 9406</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>Facsimile: +62-21-316 9400/+62-21-3192 4127</td>
<td>Fax: +31-43-3884499</td>
</tr>
<tr>
<td>Mobile +62-818 983 442</td>
<td><a href="mailto:indebraek@merit.unu.edu">indebraek@merit.unu.edu</a></td>
</tr>
<tr>
<td>e-mail: <a href="mailto:derry@ceo.bppt.go.id">derry@ceo.bppt.go.id</a> of derrypantjadarma@gmail.</td>
<td></td>
</tr>
</tbody>
</table>
A. Identification of applicant

Photo (only if available via scan)

1. Family name (surname) ____________________________________________
   (underline the family name by which you 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 Indonesia, 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 are expected to arrange for their own funding for travel and related expenses).
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 ______________________________________________________