Workshop
Design and Evaluation of Innovation Policy in Developing Countries: The Caribbean Context (DEIP)

Application form

Bridgetown, Barbados
24-28 June 2013

DEADLINE FOR SUBMISSION IS 27 May 2013

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:

Ms. Eveline in de Braek
DEIP Programme
Keizer Karelplein 19
6211 TC Maastricht
The Netherlands
Fax: +31-43-3884499
indebraek@merit.unu.edu
A. Identification of applicant

Photo

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

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.

| Language | Proficiency
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<tbody>
<tr>
<td>Mother-tongue</td>
<td>Fluent</td>
</tr>
<tr>
<td>English</td>
<td></td>
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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 the West Indies 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 Bridgetown, Barbados.

Name and address
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature ____________________________________________________________

Place and Date ________________________________________________________