

**FOR OFFICIAL USE OF ONLY**

Received application by ANSAB Resource Center:

Sign \_\_\_\_\_ Date \_\_\_\_\_

Program in Forest Certification Assessors Training

**Application FORM** (Typewriting or block letters)

The \_\_\_\_\_ Country  
\_\_\_\_\_ (name of nominating  
organization/institution/company)

nominates \_\_\_\_\_  
\_\_\_\_\_ (name of applicant)

**To the program Forest Certification Assessors Training (2) to be organized  
in: Dolakha, Nepal, May 1 – May 4, 2007**

Reasons \_\_\_\_\_ for \_\_\_\_\_ nomination  
\_\_\_\_\_  
\_\_\_\_\_ (obligatory)

Date \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ of \_\_\_\_\_ nominating  
organisation/institution/company \_\_\_\_\_  
\_\_\_\_\_

(When necessary/applicable)

The Nomination is approved by (name of authorizing  
authority) \_\_\_\_\_ in accordance with local rules.

Date \_\_\_\_\_ Signature of authorizing authority  
\_\_\_\_\_

## Personal History

1. First name (underline name by which formally addressed)	Second name	Family name (surname)		
2. Office address		3. Telephone (to office). (country code/area code)		
		Fax no.		
		E-mail (obligatory)		
4. Home address		5. Telephone (home) (country code/area code)		
		mobile phone:		
		E-mail (home):		
6. Nationality		Date of birth	Day	month
				year
7. Sex <input type="checkbox"/> male <input type="checkbox"/> Female				
8. Name and address of person to be notified in case of emergency (incl. country code/area code)				
Telephone: E-mail:				

9. Education (start with last attended institution and work backwards)				
Name of institution and place of study	Major Field of Study	Years of Study From-To	Degree	Remarks
10. list membership of professional societies or other activities in civil, public or international affairs				
11. list any relevant publication you have written (do not attach)				

Have you participated in any Forest Certification training program?

yes       no      Name \_\_\_\_\_ of \_\_\_\_\_ program, \_\_\_\_\_ year

**Employment Record and responsibilities for each of the posts you have occupied.** In order that your application may be complete, please give details of your duties

A. Present position

Title of your post	Description of your work, including your personal responsibilities
years of service: from – to	
Type and level of organization	
Name of supervisor (if any)	
Name and address of employer	

b. Previous position

Title of your post	Description of your work, including your personal responsibilities
years of service: from – to	
Type and level of organization	
Name of supervisor (if any)	
Name and address of employer	

Please state briefly the reason for applying to this program, your main field of interest within the program and how you hope to benefit from the program.  
(Continue on supplementary page if necessary but no more than one page).

Signature of Applicant

I certify that my statement in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief. If selected as a participant I undertake to spend the time during the period of the program as directed by the program management.

Date \_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ If you are selected, you will be notified by fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**