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| **UNITEDNATIONS** UNITED NATIONS-THE NIPPON FOUNDATION STRATEGIC NEEDS FELLOWSHIPPROGRAMMEAPPLICATION FORM **PERSONAL HISTORY AND PROPOSED RESEARCH/STUDY PROGRAMME**  **\*\* Allfields are obligatory, blank fields will be considered incomplete unless they are not applicable and are marked “n/a”\*\***  To qualify, candidates must:   * Be between the ages of 25 and 40 * Possess at least a first-level university degree or equivalent * Demonstrate an ability to undertake advanced academic research and studies * Be from a developing State * Be Government officials dealing directly with strategic issues related to sustainable development of oceans and seas (e.g. the implementation of the 2030 Agenda for Sustainable Development; national and/or regional ocean policy; the establishment of maritime zones and/or the delimitation of maritime boundaries; coastal zone management; conservation and management of marine living resources; maritime transport and shipping; maritime security; the protection and preservation of the marine environment; and/or marine science). | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Family Name or Surname (as it **appears in Passport**)First name Middle Initial(s) | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of Birth Click or tap to enter a date.  *(day/month/year)* | 3. Place of Birth | | | | | | | 4. Nationality | | | | | 5. Marital Status | | | | | | | 6. Gender  Choose an item. | | | |
| 7. Residential Address   City:    Telephone No. | | | | | | 8. Professional Address     Telephone No. | | | | | | | | | 9. E-mail: | | | | | | | | |
|  | | | | | |  | | | | | | | | | 10A. Office Telephone No.   10B. Office Fax No. | | | | | | | | |
| 11. Name, telephonenumber and e-mail of person to be notified in case of emergency: | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Knowledge of Languages:YOUR MOTHER TONGUE IS: | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER LANGUAGES** | | **READ** | | | | | | | **WRITE** | | | **SPEAK** | | | | | | **UNDERSTAND** | | | | | |
|  | | **Easily** | | | **Not Easily** | | | | **Easily** | | **Not Easily** | **Fluently** | | **Not Fluently** | | | | **Easily** | | | | **Not Easily** | |
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| 13. Education (University or equivalent) Give full details – Please give exact titles of degrees. | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME, PLACE AND COUNTRY**  **Please give complete address** | | | **ATTENDED FROM/TO** | | | | | | | **DEGREES and ACADEMIC DISTINCTIONS OBTAINED** | | | | | | | **MAIN COURSE OF STUDY** | | | | | | |
|  | | | Month/Year | | | | Month/Year | | |  | | | | | | |  | | | | | | |
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| 14. Residence in foreign countries of more then 3 months and in relation to the candidate’s professional or study interests: | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | | | **Country** | | | | | | | | | | | | | **Length of stay** | | | | | | | |
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| 15. List Membership in Professional Societies and Activities in Civic, Public or International Affairs  1.  2.  3. | | | | | | | | | | | | | | | | | | | | | | | |
| 16. List any Significant Publications You Have Written, Including Full Publication Reference(s)*(Do Not Attach)*  1.  2.  3. | | | | | | | | | | | | | | | | | | | | | | | |

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| 17. Employment Record: Starting with your present post, it is important to give complete information. For each post give details of your duties and responsibilities. If you need more space, attach additional pages of the same size.  A. Present Post | | | |
| FROM | TO | | EXACT TITLE OF YOUR POST: |
| MONTH/YEAR | MONTH/YEAR | |
| NAME OF EMPLOYER/ORGANIZATION: | | TYPE OF BUSINESS | |
| ADDRESS OF EMPLOYER:    WEBSITE: | | NAME OF SUPERVISOR | |
| SUPERVISOR CONTACT INFORMATION  E-Mail  Fax # | |
| DESCRIPTION OF YOUR DUTIES (as they relate to ocean affairs and law of the sea or related areas): | | | |
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B. Previous Post

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| FROM | | TO | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | | MONTH/YEAR | |
| NAME OF EMPLOYER: | | | |
| TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER:    WEBSITE: | | | | NAME OF SUPERVISOR: | |
| SUPERVISOR CONTACT INFORMATION  E-Mail  Fax # | |
| DESCRIPTION OF YOUR DUTIES (as they relate to ocean affairs and law of the sea or related areas): | | | | | |
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| 18. Identify the three most critically important and time-sensitive issues in ocean affairs and the law of the sea that need to be addressed in your country and your role in addressing them through your job.  1.  2.  3. | | | | | |
| 19. Describe how this Fellowship Programme can assist you in addressing each of the three issues listed under 18. and identify specific study/research areas that would be beneficial to that end(if necessary, you may attach no more than one additional page of the same size): | | | | | |
| 20. Describe the practical outcome/use of this Fellowship Programme in the context ofyour responsibilities related to the critically important and time-sensitive issues in ocean affairs and the law of the sea identified under 18. (If necessary, you may attach no more than one additional page of the same size): | | | | | |
| 21A. Are there any period(s) during the Fellowshipwhen you are not available? (\*)Y☐ N☐  21B. If Yes, indicate the nature of the engagement(s).    (\*) Note that the selection process for the Fellowship awards normally takes place duringthe 2nd quarter of the year in which the application is submitted, and Fellows should expect to start their Fellowshipin Augustof the current year, for approximately four months (August to December). Candidates must be free of all non-Fellowship obligations during this entire period unless otherwise authorized by the Division for Ocean Affairs and the Law of the Sea, Office of Legal Affairs, United Nations. | | | | | |
| 22A. Do you currently possess, or have you obtained in the past, a visa for the UnitedStates?Y☐ N☐  22B. If yes, indicate the nature of the visa, expiry date, and any other relevant information.  22C. Have you ever been denied a visa by the United States? Y☐ N☐  22E. To the best of your knowledge, is there any reason why you may be denied a visa by the United States? Y☐ N☐?  22G. Expiration date of your passport: | | | | | |
| 23. Give details of any fellowship or scholarships previously awarded to you, or for which you are a candidate. 1.  2.  3. | | | | | |
| 24. Kindly fill out the on-line form available[here](https://forms.office.com/e/esqgnXQU44). Online form filled out: Y☐N☐ | | | | | |
| 25. I certify that the statements made by me in reply to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected, I will accept the Award of the United Nations – The Nippon Foundation StrategicFellowship, and I am ready to begin my Fellowship as soon as I have satisfied the required conditions of the Award, including, *inter alia*, obtaining United Nations Medical Clearance, and the Necessary Visa(s). Furthermore, I confirm that I understand and will accept the following obligations with the Award:  (1) To conduct myself at all times in a manner compatible with my responsibilities as the holder of a United Nations Fellowship;  (2) To refrain during the period of the award from engaging in political, commercial and any other activities other than those  governed by the fellowship programme;  (3) To not use my office, knowledge or confidential information gained from the Fellowship Programme for private gain, financial   or otherwise, or for the private gain of any third party, including family, friends and those I favour. Nor to use the   above-mentioned information for personal reasons to prejudice the position of those I do not favour.  (4) To provide all necessary information in a timely manner to the Fellowship Programme so as to ensure  the normal administration of the Fellowship Programme;  (5) To carry out my assignmentsand studies in the manner, and within the period, prescribed by the Fellowship Programme;  (6) To comply with the reporting requirements as stipulated by the Fellowship Programme;  (7) To follow travel and payment instructions issued by the United Nations;  (8) To bear the cost of all medical expenses for which the insurance company will not assume specific responsibility; and  (9) To return to my home country at the end of the Fellowship. | | | | | |
| DATE  (day, month, year) | Click or tap to enter a date. | | SIGNATURE: | |  |
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