

**ANNEX I**

**APPLICATION FORM**

**II INTERNATIONAL COURSE “AQUACULTURE PRODUCTION TECHNOLOGIES AND USE OF BYPRODUCTS FROM AQUACULTURE AND FISHERIES”**

**OFFICIAL APPLICATION**

*(To be signed and confirmed by the highest authority of the institution)*

**COUNTRY**

|  |
| --- |
| Morocco |

**APPLICANT’S INSTITUTION NAME**

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| Ministry of Agriculture , Maritime Fisheries , Rural Development and Water and Forests - Department of Maritime Fisheries - |

Our organization recommends this application pursuant to the regulations of the South-South Cooperation Scholarship Program, AGCI - Universidad Católica del Norte; according to the call for applications and the relevant general information. If this application is accepted, the applicant is authorized to participate during their working hours on the dates determined by organizers of this International Course. Once the course is concluded, the organization shall give support as needed for the proper implementation and sharing of the knowledge gained.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor name | EL KTIRI TAOUFIK | | Official Seal |
| Position | Director of General and Legal Affairs | |
| Email | elktiri@mpm.gov.ma | |
| Date | | Signature | |

**PART I: INSTITUTION INFORMATION**

1. Institution profile
2. Organization name

|  |
| --- |
|  |

1. Organization type

(mark with an “X”)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Government |  | Academic |  | Private |  | International |  | Other\* |  |

If “Other”, please specify:

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1. Organization mission

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In case of any other type of cooperation, briefly describe the main activities:

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1. Application objective
2. Describe your institution strategic objectives related to the INTERNATIONAL COURSE

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1. Briefly describe how this course will help you to achieve those objectives.

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1. Briefly describe the specific actions that your institution will take to achieve and/or complement those objectives.

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1. Briefly describe the reasons why the applicant has been selected, in relation with: 1) course requirements, 2) capacity/position or role in the institution, 3) action plans or other.[[1]](#footnote-1)

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**PART II: APPLICANT’S INFORMATION**

1. Personal information

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| --- | --- | --- | --- | --- |
| Lastname\* |  | | | |
| Name |  | | | |
| Nationality |  | | | |
| Date of birth |  | | | |
| Sex | Male |  | Female |  |
| Passport n° |  | | | |
| Passport expiration date |  | | | |
| Home address |  | | | |
| City |  | | | |
| Telephone |  | | | |
| Email\*\* |  | | | |

\*Please provide information exactly as appears in your passport.

\*\*If accepted, all the information will be sent to this email address. Please provide an email that you check on a regular basis.

Emergency contact:

|  |  |
| --- | --- |
| Lastname\* |  |
| Name |  |
| Relationship |  |
| Home address |  |
| Telephone |  |
| Email |  |

1. Academic information

(Only university studies)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title/Degree | Institution | Country | Term | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Other courses and certifications

(Only those related to this International Course)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | Institution | Country | Term | |
| From | To |
|  |  |  |  |  |
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Have you been awarded with an AGCI scholarship?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If “Yes”, please specify:

|  |  |  |
| --- | --- | --- |
| Scholarship | Country of study | Course |
|  |  |  |

1. Work information
2. Current position (Position and institution)

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1. Role description

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| --- |
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1. Work experience

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| --- | --- | --- | --- | --- |
| Position\*  (from the most recent to the oldest) | Institution | Country | Term | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Briefly describe your role in each position.

**STATEMENT**

(to be signed by applicant)

I hereby declare that I have read the call for applications as well as the instructions and corresponding annexes, and that the information provided is true and fully as required.

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| --- | --- | --- |
| **NAME** | **DATE** | **SIGNATURE** |
|  |  |  |

I hereby declare I speak and write in English.\*

(Only for non-Spanish speaking countries)

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| --- | --- | --- |
| **NAME** | **DATE** | **SIGNATURE** |
|  |  |  |

\*Attach supporting document such as accreditation exam, if available.

1. If more than one applicant, please indicate the priority when attaching the documents to the scholarship platform. [↑](#footnote-ref-1)