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| United Nations | UN_42 | Nations Unies |  | |
| headquarters • siege   new york, ny 10017  tel.: 1 (212) 963.1234 • fax: 1 (212) 963.4879 | | | |

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**UNITED NATIONS REGIONAL COURSES IN INTERNATIONAL LAW**

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| **Santiago, Chile** |
| **29 April – 24 May 2019** |

**APPLICATION FORM**

**To be completed preferably in electronic MS Word format**

**Please submit two versions:**

**the scanned copy of the signed original and the MS Word version**

**INSTRUCTIONS (Please read carefully)**

This application form contains ten pages. Please complete it in English, typewritten (preferably in electronic MS Word format). A scanned copy of the signed original must be submitted in PDF or JPG format and be accompanied by the version in Word format or equivalent (without signature).

All answers should be clear and as detailed as possible. Incomplete applications will not be considered. The "Letter of Transmission" must be completed and signed by a senior official of the institution that presents the candidate’s application. In addition, the candidate whose mother tongue or language of instruction is not English must submit evidence of his/her ability to attend and participate in lectures and seminars conducted in English (e.g., diploma of courses conducted in English, language test certificate, extensive work experience in English).

More information is available at <http://www.un.org/law/rcil>.

Complete applications should be sent by email no later than **18 January 2019** to[rcil-laac@un.org](mailto:rcil-laac@un.org)

**\*Deadline extended to 30 January 2019\***

**Two versions of the application form must be submitted:**

(1) One scanned copy of the signed original (for example in PDF or JPG)

(2) One electronic MS Word version (or equivalent) of the application

**The United Nations does not charge a fee at any stage of the application and selection process, and does not require information with respect to candidates’ bank accounts.**

**Application checklist:**

Complete, sign and submit electronically the Application Form (scanned version of the signed original **and** MS Word version or equivalent)

- With signed Letter of Transmission (Part II)

- With signed Recommendation (Part III)

Submit evidence of required linguistic skills, if applicable

**APPLICATION SUMMARY**

Please fill out this application summary in accordance with the example provided below.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nationality**  (indicate all nationalities) | **Last name** | **First name** | **Gender** | **Native language** | **Age** | **Email** | **Academic background: year, university, degree obtained**  (two highest degrees) | **Professional experience:**  **year, title, employer**  (present and previously occupied post) | **Type of current employer:**  **public administration; public or private education; international organization; non-governmental organization; or private sector** |
| South Africa | Smith | John | Male | English | 30 | john@hotmail.com | **2010:** LLM, University of Pretoria  **2006:** LLB, University of Cape town | **2010-present:** State Law Adviser, Department of International Relations and Cooperation  **2007-2009:** Lecturer, University of South Africa | **Public administration** |
|  |  |  |  |  |  |  |  |  |  |

**Dissemination information**

**How did you learn about the Regional Course?**

|  |  |
| --- | --- |
| Former participants |  |
| Ministry of Foreign Affairs |  |
| Ministry of Justice |  |
| Colleagues |  |
| UNDP |  |
| Internet/website of the Regional Course |  |
| International Law Associations |  |
| Other (please provide details) |  |

**I. PERSONAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Family name (surname):**  First name: | | | |
| **2. Write your full name in the order, language and manner you want it to appear on the certificate (in the event that you are selected as a participant).** *No subsequent change will be possible.* | | | |
| **3. Mailing address** (complete, i.e. exactly as to appear on letter): | | **4. Home** (residential) address: | |
| **5. Phone numbers**  Home:  Work:  Mobile: | | **6. Fax number:** | |
| **7. Email:** | |
| **8. City and country of birth:** | | **9. Nationality or nationalities:** | |
| **10. Date of birth**  (day/month/year): | **11. Age:** | | **12. Gender:**  Female  Male |
| **13. Name and address of person to be notified in case of emergency:** | | | |

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| --- | --- | --- | --- |
| **14. Languages:** | READ\* | WRITE\* | SPEAK\* |
| ENGLISH |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please indicate your proficiency level: *beginner*, *intermediate*, *advanced*, or *mother tongue*.

**15. Residence in foreign countries in relation to the candidate’s professional or academic interests:**

|  |  |  |
| --- | --- | --- |
| Year(s) | Country | Length of stay |
|  |  |  |
|  |  |  |
|  |  |  |

**16. Education** (begin with the last attended institution)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution and place of study | Year of study (dates) | Major field of study | Degree obtained |
|  |  |  |  |
|  |  |  |  |
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**17. List membership(s) of professional societies and your activities in civil, public or international affairs.**

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**18. List publications relevant to the subjects of the Regional Course that you have written** (do not attach).

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**19. Employment record: It is important to give complete information.** For each post you have occupied, please give details of your duties and responsibilities.

|  |  |
| --- | --- |
| a) Present or most recent post: | Detailed description of your work, including your personal responsibility: |
| Years of service:  From:       to: |  |
| Title of your post:  Name and address of employer: |
| Type of employer:  Public administration  Public or private education  International organization  Non-governmental organization  Private sector |
| Name of supervisor: |

|  |  |
| --- | --- |
| b) Previously occupied post: | Detailed description of your work, including your personal responsibility: |
| Years of service:  From:       to: |  |
| Title of your post:  Name and address of employer: |
| Type of employer:  Public administration  Public or private education  International organization  Non-governmental organization  Private sector |
| Name of supervisor: |

|  |  |
| --- | --- |
| c) Previously occupied post: | Detailed description of your work, including your personal responsibility: |
| Years of service:  From:       to: |  |
| Title of your post:  Name and address of employer: |
| Type of employer:  Public administration  Public or private education  International organization  Non-governmental organization  Private sector |
| Name of supervisor: |

**20. Describe how you plan to make use of the knowledge obtained during the Regional Course in relation to your current responsibilities or those you expect to assume.**

**21. Give details of any fellowships or scholarships previously held by you, which you now hold or for which you are a candidate** (including other United Nations Regional Courses in International Law and the International Law Fellowship Programme).

**CERTIFYING STATEMENT**

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as a participant, I undertake to:

1) Conduct myself at all times in a manner compatible with my status as a participant of the Regional Course;

2) Adhere to the United Nations’ policy of zero tolerance for sexual exploitation, abuse and harassment;

3) Attend the entire four weeks of the Regional Course and participate in all lectures, seminars and study visits organized under the Course;

4) Refrain from engaging in political, commercial or other similar activities during my participation in the Regional Course;

5) Submit any reports and assignments in accordance with the arrangements made by the United Nations;

6) Accept the conditions of participation that will be established by the organizers and that are commensurate with United Nations regulations and rules; and

7) Return to my country of residence at the end of the Regional Course.

....................................................................................

Signature of the candidate

Date:

**II. LETTER OF TRANSMISSION**

(To be filled out by the institution that presents the candidate’s application)

The Government / University / Institute

nominates

for  a **fellowship**

a **self-funded place**

in the **Regional Course in International Law for Latin America and the Caribbean** (Santiago, Chile, from 29 April – 24 May 2019) and certifies that:

1) The studies to be made under this Regional Course are needed to enhance the understanding, dissemination and appreciation of international law in the country, and that in the case of a fellowship being granted, full use would be made of the experience gained by the fellow;

2) All information supplied by the nominee is complete and correct;

3) The nominee has adequate knowledge, appropriately tested, of the language in which the course is given;

4) The absence of the nominee during his/her participation in the Regional Course (four weeks) would not have any adverse effect on his/her status, seniority, salary, pension and similar rights;

5) The nominee, if selected, will be released from his/her duties in order to attend the Regional Course in its entirety.

On return from the Regional Course, it is proposed to employ the candidate as follows:

1. Title of the post:
2. Duties and responsibilities:

|  |  |
| --- | --- |
| Institution presenting the application:    Address: | ....................................................................................  Signature of responsible official  Name:  Title:  Date:  Place: |

**III. RECOMMENDATIONS**

**INSTRUCTIONS**

This page shall be completed by the institution that nominates the candidate or by the candidate’s supervisor.

1. Comments on candidate’s educational qualifications, experience in international law and personality:

2. Comments on the candidate’s linguistic ability:

3. Comments on how the knowledge gained by the candidate during the Regional Course will be put to use upon his/her return:

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| --- | --- |
| ....................................................................................  Signature of responsible official  Name:  Title:  Address: | Date:  Place: |