COURSE APPLICATION FORM FOR

MODERN DIPLOMACY FOR SMALL STATES

COURSE DATES: 21ST MARCH – 30TH MARCH 2012
APPLICATION DEADLINE: 13TH JANUARY 2012

GUIDANCE NOTES FOR COMPLETING THIS APPLICATION FORM

Parts One, Two & Three should be completed by the Applicant

Part Four should be completed by the Nominating Department / Ministry / Organisation

Part Five should be completed by the Commonwealth Point of Contact

Questions marked with an asterisk (*) are obligatory

Please complete this form by hand, please write in CAPITAL LETTERS and black ink.

COMPLETED APPLICATION FORMS

Please send the completed application form to all three of the following:

1) Commonwealth Point of Contact

2) Director, Governance and Institutional Development Division, Commonwealth Secretariat, through:

Ms Shakira Lukmanji
Programme Assistant, Technical Cooperation & Strategic Response Group
Governance and Institutional Development Division (GIDD)
Commonwealth Secretariat
Marlborough House
Pall Mall
London SW1Y 5HY
UK

Telephone: + 44 (0) 20 7747 6368
Fax: + 44 (0) 20 7747 6515/6335
Phone: s.lukmanji@commonwealth.int

3) Institution Director Dr. Jovan Kurbalija, DiploFoundation, through:
Institution Coordinator: Sylvana Bugeja
Institution Name: DiploFoundation
Institution Address: 4th Floor, Regional Bldg, Regional Road, Msida,
MALTA MSD 2033

Institution Telephone: 00356 21 333323
Institution Fax: 00356 21 315574
Institution Email: s.bugeja@diplomacy.edu

APPLICATION DEADLINE: 13TH JANUARY 2012

APPLICATION REVIEW & RESPONSE:

Applications will be assessed by the Institution Director, DiploFoundation, together with a representative of the Malta Ministry of Foreign Affairs, in consultation with the Commonwealth Fund for Technical Co-operation.

CONFIRMATION OF ACCEPTANCE WILL BE SENT TO SUCCESSFUL APPLICANTS BY 16TH FEBRUARY 2012.

SELF-FUNDED APPLICATIONS

Interested persons who do not qualify for sponsorship under the Malta Commonwealth Third Country Training Programme may also apply to participate in this course. They will be charged a fee of €1,500 to cover course participation fees, course materials, field trips, lunches, coffee breaks and the social programme. Any further costs (travel, accommodation etc.) will be the responsibility of the participant.

Those interested in self-funded applications should contact the training course provider for an application form using the following contact details:

Institution Director, DiploFoundation, through:
Institution Coordinator: Sylvana Bugeja
Institution Name: DiploFoundation
Institution Address: 4th Floor, Regional Bldg, Regional Road, Msida,
MALTA MSD 2033

Institution Telephone: 00356 21 333323
Institution Fax: 00356 21 315574
Institution Email: s.bugeja@diplomacy.edu

PART ONE: THE APPLICANT (to be completed by the applicant)

PERSONAL DETAILS:

PLEASE COMPLETE THE FOLLOWING DETAILS AS THEY APPEAR ON THE PASSPORT THAT YOU WOULD USE TO ATTEND THE TRAINING COURSE.

*First Name:

*Family Name:

*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

*Gender:

*Nationality:

*Date of Birth:

*Passport Number:

*Passport Type (circle as appropriate or complete below): ordinary, official, diplomatic, temporary, emergency:

*Place in which Passport was Issued:

*Passport Issue Date:

*Passport Expiry Date:

PLEASE PROVIDE YOUR CONTACT DETAILS

*Primary Email:

Secondary Email:

*Primary Telephone Number:

Secondary Telephone Number:

Fax Number:

*Work Address:

Home Address:

PLEASE INDICATE THE NAME AND CONTACT DETAILS OF A PERSON WHOM WE MAY CONTACT IN THE EVENT OF AN EMERGENCY RELATING TO YOU:

* First Name:

* Family Name:

*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

Relationship to you:

*Primary Telephone Number:

Secondary Telephone Number:

Email:

HEALTH STATUS & SPECIAL REQUIREMENTS:

*Are you currently in good health? (Accepted participants will be responsible for any medical expenses they may incur while on the training/workshop):

yes ☐ no ☐

Dietary requirements: Breakfast and lunch (lunch on course days only) will be provided under the terms of the scholarship at the designated course venue):

Access requirements: (do you have any mobility requirements, e.g. wheelchair access)

ENGLISH LANGUAGE SKILLS:

The course will be conducted in English, and all participants are expected to have a good working knowledge of the English language.

*I confirm that I have a good working knowledge (both written and oral) of the English language:

yes ☐ no ☐

PART TWO: PROFESSIONAL & EDUCATIONAL BACKGROUND
(to be completed by the applicant)

CURRENT EMPLOYMENT DETAILS:

*Position Title:

*Dates in Position:

*Department:

*Organisation:

*Brief description of your current responsibilities: (8-12 lines)

PREVIOUS EMPLOYMENT DETAILS:

*Position Title:

*Dates in Position:

*Department:

*Organisation:

*Brief description of your responsibilities: (4 – 6 lines)

*Position Title:

*Dates in Position:

*Department:

*Organisation:

*Brief description of your responsibilities: (4 – 6 lines)

*Position Title:

*Dates in Position:

*Department:

*Organisation:

*Brief description of your responsibilities: (4 – 6 lines)

RELEVANT EDUCATION & TRAINING:

Please list in chronological order:

COURSE	COURSE PROVIDER	DATES ATTENDED (DD-MM-YY TO DD-MM-YY)	QUALIFICATION OBTAINED

PART THREE: APPLICATION (to be completed by the applicant)

REASON FOR APPLICATION:

BACKGROUND & COURSE OBJECTIVES:

Specific objectives covered in the programme topics:

- To Gain an appreciation of the importance of language in diplomacy
- Practice and improve public-speaking skills
- Understanding what is required to build awareness amongst parliamentarians and diplomats, to improve ones interaction
- Recognise the importance of branding of a nation state and discovering ways in which you can increase your nation's competitiveness through branding
- Explore the strengths and weaknesses involved in using Honorary Consuls
- Considering the scope and thrust of Commonwealth diplomacy
- Experiencing the art of multi-stakeholder negotiations
- Fully appreciate the importance of protocol in diplomatic relations

* How did you hear about this programme?

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*What skills and knowledge do you hope to gain from the programme?

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*Please describe (a) any challenges / problems that you are currently facing in your work and (b) how this course will enable you to address them:

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*In what other ways do you think this training course will benefit you in your current position?

*Have you attended this course before?

yes ☐ no ☐

If yes, please indicate when:

*If yes, please indicate what the course did not cover before that you hope to gain this time:

DECLARATION:

By signing below, I certify that:

- I accept that I will only be awarded a course certificate upon wholly participating and attending the training course.
- I will not over-stay the duration of, or contravene any of the provisions of my visa to Malta.
- The statements made by me in this form are true, complete, and correct to the best of my knowledge.

*Full name:

*Signature:

*Date:

PART FOUR (for completion by the Nominating Department / Ministry / Organisation)

REASON FOR NOMINATION:

*Please describe why the applicant has been nominated for this course:

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*Please describe what skills / knowledge you would like the applicant to gain from this course:

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ENDORSEMENT:

By signing below, I confirm that I endorse the above nominee and that I believe all the statements in this form to be correct.

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*First Name:

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*Family Name:

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*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

.....

*Department / Ministry:

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*Organisation:

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*Signature:

.....

*Date:

.....

PART FIVE (to be completed by the Commonwealth Point of Contact)

NOMINATION AND ENDORSEMENT:

The MCTCTP scholarship will cover:

- Participant's training course fees
- Accommodation for up to 11 nights; breakfast; lunch (course days only) at the designated course venue; and local transport
- Sponsored applicants will also receive a one-time partial subsistence allowance of €220

No additional costs will be covered by the Government of Malta, the Commonwealth Fund for Technical Cooperation or Islands and Small States Institute, University of Malta.

Participants, their employers, and / or nominating ministries will be responsible any additional costs, including:

- Travel to and from Malta.
- Travel Insurance/Medical Insurance.
- Fees and arrangements for visas to enter Malta.
- Accommodation and living expenses beyond 11 days.

By signing below, I confirm that:

- I have read and accepted the above Terms & Conditions with regard to funding.
- I endorse the above nominee and confirm that I believe all the statements in this form to be correct.

*First Name:

*Family Name:

*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

*Position Title:

*Department / Ministry:

*Country for which you are the Commonwealth Point of Contact (POC):

*Signature:

*Date:

PART SIX (to be completed by the Commonwealth Point of Contact)

PRIORITISATION OF NOMINATIONS:

In the event of their being an oversubscription to the course, please indicate, in order of priority, the names of the nominees for this course (1 high, 5 low):

1: .....

2: .....

3: .....

4: .....

5: .....