

SHORT POSTGRADUATE COURSE ON SOIL AND PLANT ANALYSIS AND DATA HANDLING

5 November - 30 November, 2012

APPLICATION FORM to be returned to:

Wageningen University
Soil Science Centre
Attn. Dr. E.J.M. Temminghoff
P.O. Box 47

Cancelled

6700AA Wageningen
The Netherlands
e-mail address: erwin.temminghoff@wur.nl

(Closing date for application is June 1, 2010)

Please read each question carefully before answering

Personal data

Full name (underline family or official name):

Address:

Country:

Nationality:

E-mail address:

Date of Birth:

Sex:

Marital status:

Educational record

Educational Institution	Location	Major fields of study	Qualifications obtained	Years of study	
				from	to

Present employment

Name of organization by which you are employed:

Address of that organization:

Telephone:

Telex:

Fax:

Your present position:

Employed in that position since:

Name and position of your superior:

Description of your present work; for a fully detailed work description, use additional sheets of paper

Previous employment

Name and address of organization by which you were employed:

Dates employed		Title of post:
From:	To:	

Description of your work

Name and address of organization by which you were employed:

Dates employed		Title of post:
From:	To:	

Description of your work:

Membership in professional societies

List any memberships of professional societies or activities in civic or public affairs:

Publications

List significant publication(s) you have written, if any (do not attach)

Travel (list periods spent away from your home country for professional purposes)

Countries visited	Reasons for visit or residence abroad	Dates

English language proficiency

Native language:

Language(s) used in secondary school:

Language(s) used in higher education:

Note: candidates from non-English speaking countries should **attach** a certificate of proficiency in English, issued by a recognized language institute

Financial arrangements

I will pay all expenses myself

I have applied for a fellowship/financial support to:
(state clearly which organization or institution)

All expenses will be paid by:
(a supporting statement from the sponsoring organization concerned to be attached)

Insurance:

I understand that the organizers do not accept any responsibility for risks such as loss of life, accidents, illness, loss of property, theft, etc.

How did you learn about this course? From:

- | | | |
|---|---|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Advertisement/announcement | <input type="checkbox"/> A Dutch co-operation project |
| <input type="checkbox"/> Former participant | Please specify: | <input type="checkbox"/> Direct supervisor/chief |
| | <input type="checkbox"/> Basic Data | <input type="checkbox"/> Netherlands Embassy |
| | <input type="checkbox"/> Course prospectus | <input type="checkbox"/> Other source, please specify: |
| | <input type="checkbox"/> EC Training Information | |
| | <input type="checkbox"/> Other: | |

I certify that I have answered the above questions truthfully and completely to the best of my knowledge.
I agree to report any relevant alteration in the information given above.

Place:

Date:

Signature:

Statements by the employer

a. I, the undersigned, being authorized to supply the following particulars, herewith certify that

Mr./Miss/Mrs. is employed by my organization

b. I consider the training to be important for the applicant's work and our organization because of the following reasons:

Date:

Signature and official stamp:

Name (of person signing):

Position:

Name of organization: