



INTERNATIONAL OCEAN INSTITUTE



APPLICATION FORM

2020 TRAINING PROGRAMME ON *OCEAN GOVERNANCE: POLICY, LAW AND MANAGEMENT*

Instructions

1. Carefully review the training section of IOI-Canada's website (dal.ca/ioihfx), particularly the Course Announcement and details of *What to Expect*.
2. Complete all sections of this form:

Nomination (signed by nominator)	page 2
Application Details (signed by candidate)	pages 3-7
Medical Report (signed by doctor & candidate)	page 8

Please answer all questions, and type or write legibly in block capitals. If necessary, additional pages of the same size may be attached.

3. Submit the application to:

Madeleine Coffen-Smout, Programme Officer, International Ocean Institute, Dalhousie University, 6414 Coburg Road, P.O. Box 15000, Halifax, Nova Scotia, B3H 4R2, Canada
Tel: 1 902 494 6918; fax: 1 902 494 1334; e-mail: ioi@dal.ca

If sending a digital copy of the form, please keep the number and size of attachments to a reasonable level (e.g. avoid sending each page as a separate file!)

4. The deadline for receipt of applications is 5th January 2020



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NOMINATION FORM

To be completed by a senior official of the nominating department or organisation

This is to certify that (name of organisation)

nominates (name of candidate)

as an applicant for the IOI-Canada training programme on ***Ocean Governance: Policy, Law and Management*** from 20th May to 17th July, 2020 (*subject to final confirmation*)

and that:

- all information supplied in the attached form is complete and correct;
- the nominee has adequate English skills, appropriately tested;
- the absence of the nominee from his/her workplace while attending the course would not have any adverse effect on his/her status, seniority, salary, pension or similar rights; and,
- if selected, the nominee would share the knowledge and skills gained from the training through holding at least one seminar or workshop upon returning home.

Nominator: name	Nominator: position	Nominator: e-mail
Name and address of organisation		
Signature of nominator		Official seal
Date		

APPLICATION DETAILS

1. PERSONAL INFORMATION

Title <i>(Mr/Ms/Dr/Other)</i>	First / Given name(s)	Family name/ Surname
Gender	Date of birth <i>(day/month/year)</i>	Nationality
Work postal address		
Work telephone <i>(including country code)</i>	Work fax number <i>(including country code)</i>	
E-mail address(es)		
Home postal address		
Home telephone <i>(including country code)</i>	Mobile/cell <i>(including country code)</i>	
Passport number	Country of issue	
Date of issue <i>(day/month/year)</i>	Expiry date <i>(day/month/year)</i>	
Name as it appears exactly in passport	Country of issue of any additional passport(s)	
Emergency contact: name	Emergency contact: telephone	Emergency contact: e-mail

2. LANGUAGE SKILLS

First language (<i>specify</i>)			
English proficiency <i>indicate Excellent/Good/Basic</i>	Reading	Writing	Speaking
If you have ever taken a TOEFL/IELTS/ MELAB test, state:	Test name	Test date	Score
Describe your practical experience of spoken English <i>(e.g. speak English occasionally, use English regularly at work, attended English-language university)</i>			
Indicate your level of proficiency in any other languages			
TELEPHONE INTERVIEWS MAY BE HELD TO ASSESS ENGLISH PROFICIENCY			

3. EMPLOYMENT HISTORY

CURRENT OR MOST RECENT POSITION			
From - To	Job title	Name and address of organisation	Organisation type <i>(e.g. government, NGO)</i>
Description of duties			
Supervisor's name		Supervisor's e-mail	
If selected, will you be returning to this position after the course? <i>If no, please clarify.</i>			
PREVIOUS POSITION			
From - To	Job title	Name and address of organisation	

Brief summary of duties		
Supervisor's name and e-mail		
PRIOR POSITION <i>(if applicable)</i>		
From - To	Job title	Name and address of organisation
Brief summary of duties		
Supervisor's name and e-mail		

4. POST-SECONDARY EDUCATION *(starting with most recent)*

From - To	Institution	Qualification and field of study <i>(e.g. B.Sc. -- Marine Biology)</i>	

5. HAVE YOU EVER BEEN AWARDED A SCHOLARSHIP? *If yes, give details.*

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6. HAVE YOU ALREADY ATTENDED AN IOI COURSE? *If yes, give details.*

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7. HAVE YOU WRITTEN OR CONTRIBUTED TO ANY RELEVANT PUBLICATIONS? *If yes, give details but do not attach!*

8. ARE YOU, OR HAVE YOU RECENTLY BEEN, INVOLVED IN ANY RELEVANT VOLUNTEER ACTIVITIES OR PROFESSIONAL SOCIETIES? *If yes, give details.*

9. WHY ARE YOU INTERESTED IN THIS TRAINING PROGRAMME, AND WHAT PRACTICAL USE WOULD YOU MAKE OF IT?

10. IF SELECTED, YOU WOULD BE REQUIRED TO SHARE YOUR NEW KNOWLEDGE AND SKILLS ON YOUR RETURN HOME. PLEASE PROVIDE SPECIFIC DETAILS OF WHO WOULD BENEFIT AND HOW.

11. SINCE IOI FUNDING IS VERY LIMITED, APPLICANTS ARE EXPECTED TO TRY TO SECURE EXTERNAL SUPPORT. PLEASE PROVIDE DETAILS OF YOUR SEARCH FOR FUNDING AND ATTACH COPIES OF YOUR CORRESPONDENCE WITH POTENTIAL FUNDERS.

FUNDING REQUESTS: ALREADY SUBMITTED		
Organisation	Level of funding (e.g. full scholarship, living expenses, travel grant)	Status (e.g. approved, rejected, decision pending)
FUNDING REQUESTS: TO BE SUBMITTED		
Organisation	Level of funding (e.g. full scholarship, living expenses, travel grant)	Anticipated submission date
IOI SCHOLARSHIPS - WHEN AVAILABLE - ARE INTENDED FOR APPLICANTS WHO CAN DEMONSTRATE THEIR ATTEMPTS TO FIND EXTERNAL FUNDING		

12. HOW DID YOU HEAR ABOUT THIS TRAINING PROGRAMME?

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13. DECLARATION

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.	
Signature of applicant	Date



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MEDICAL REPORT

Instructions

To be completed by a registered medical practitioner after thorough clinical and/or laboratory examination, and counter-signed by the participant. The IOI reserves the right to require the candidate to undergo a further medical examination before his/her course participation.

Name of candidate	Gender	Date of birth <i>(day, month, year)</i>
Is the person examined currently in good health and enjoying full working capacity?		
Is he/she physically and mentally able to participate in intensive study abroad for two months?		
Does he/she have any diseases (e.g. trachoma, TB, malaria, AIDS) which could present risks for the candidate or his/her contacts during the course? If so, please provide details.		
Does he/she have any allergies or conditions (including but <i>not</i> limited to pregnancy) which might require treatment during the course? If so, please provide details. Note that the <i>MEDICAL INSURANCE PROVIDED BY IOI DOES NOT COVER PRE-EXISTING CONDITIONS</i>, and the participant would find medical care in Canada extremely expensive.		
Name and address of examining physician		
Signature and official stamp of examining physician		Date
Declaration: I guarantee to notify IOI-Canada in writing of any changes in my medical condition prior to arriving in Halifax, & I accept full financial responsibility for any expenses not covered by IOI's health insurance.		
Signature of candidate		Date