

UNITED ARAB EMIRATES MINISTRY OF CABINET AFFAIRS PRIME MINISTER'S OFFICE

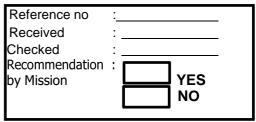
# **APPLICATION FORM**

Youth Leaders Program (UEA)

Please type in capital letters using only English Language. Do not leave any space blank. Use "NIL" or "N/A" where applicable

## Please affix passport size photograph

# FOR OFFICIAL USE ONLY



Title of Course:	Date of Course:

## 1. PERSONAL DETAILS

Family Name (surname):	Date of birth:	-	-
	Day	Month	Year
First Name:	Citizenship:		
Other Names:	Gender:		
City and country of birth:	Marital status:		
Passport No.: Type of Passport: (Diplomatic/Official/Regular) Expiry Date:	Religion:		

# 2. CONTACT DETAILS

Office Address:				Postal / Home	Address:		
Mobile:				Home:			
	Country	Area	Number		Country	Area	Number
Office:	Fax:			Email:			-
Country Area Number	Country	Area	Number				
Person to be contacted in case of eme	ergency:						
<u>Family</u> Name: Relation: Mobile Number: Address:			Office Name: Position Mobile N Address	lumber:			
Email:			Email:				

# NOTE: This application form should be duly completed and endorsed by the national focal point for technical cooperation in your country. Forms that are incomplete or not endorsed will not be accepted.

# 3. EDUCATION

Name of institution and place of study	Major/Field of study	Years	Degree

#### 4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer:	Employer:
Years of service (from – to):	Years of service (from – to):
Title of your post/position:	Title of your post/position:
Type of organization:	Type of organization:
Government / Semi Government / Private / NGO	Government / Semi Government / Private / NGO

Job description:

Please continue on supplementary pages if necessary

#### 5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how	w you hope to benefit from the course.
	Please continue on supplementary pages if percesary
	Please continue on supplementary pages if necessary
Have you participated in any training programme in UAE be	
Have you participated in any training programme in UAE be	
Programme:	
Programme: Organiser:	
Programme:	
Programme: Organiser:	
Programme: Organiser:	
Programme: Organiser:	
Programme: Organiser:	

6. ENGL	ISH LANGUAG	E PROFICIE	NCY		
	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					
Mother tongue :					

# 7. MEDICAL REPORT

Name of Applicant:						
Age:	Gender:	Height:	cm	Weight:	kg	
Blood Pressure:		L		1		
Blood Group:	А В ,	AB O	0	ther (	)	
Any history of surgery?       Is the person examined physically and mentally able to carry out intensive training away from home?						
a) Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases, COVID - 19, etc.)? Does the person examined have any condition or def (including teeth) which might require treatment durin course?						
b) Please attach the vaccine certificate as proof that you have completed the COVID vaccination.						
List any abnormalities indicated in the chest X ray: Pregnancy Test:						
I certify that the applicant is	medically fit to undertake a cou	ırse in UAE.				
Name of Physician						
Address of Clinic (printed)						
Telephone	·					
(printed) Email		Da	ate:			
Signature of Physician		Se	eal of Clinic:			

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#### 8. TO: UAE Ministry of Cabinet Affairs Prime Minister's Office

LETTER OF INDEMNITY		
Ι	, Passport Number:	having an address at
	, hereby declare that I shall be personally liable	for and shall indemnify the
UAE Ministry of Cabinet Affairs Prime Mini	ster's Office andagainst all liabilities	s, claims, losses, demands,
actions, suits, proceedings, costs or exper	nses, in part/total, whatsoever arising under the	laws of UAE or common law
which may be made or taken against the l	JAE Ministry of Cabinet Affairs Prime Minister's O	ffice and/or
or incurred or become payable by the UAI	E Ministry of Cabinet Affairs Prime Minister's Offic	e and/orin respect of any
medical illness, personal injury (whether fa	atal or otherwise), or the death of any person, by	reason of my
carelessness, negligence, omission or defa	ult, in the course of mytraining with	which
is appointed by the UAE Ministry of Cabine	et Affairs Prime Minister's Office.	
Dated thisdayof 20	-	
Signature of applicant	)	
Name of applicant	)	
Date	)	
In the presence of		
Signature of Witness	)	
Name of Witness	)	
Designation of Witness	)	
I/C or Passport No.	)	

#### 9 TO BE COMPLETED BY THE NOMINATING GOVERNMENT (Recommendation letter)

Reasons for applicant's selection	
Reasons for applicant's selection	
The post which the applicant will be required to fill upon satisfactory completion of training	
Relevance of the course to applicant's job	

#### **10 TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

OFFICIAL DECLARATION BY THE NOMINATI	ING AGENCY			
On behalf of the Government of	,	I		
Certify that:	Country		Name of Officia	al
<ul> <li>a) I have examined the educational, professatisfied that they are authentic and related b) The applicant is medically fit and free from history, there is no reason to suppose the remain in UEA for the duration of training</li> <li>c) Should the nominee seek medical consult period of stay in UEA, he/she would be covered under the Group Personal Accided</li> <li>d) The applicant has attained a level of professories of study/training for which he/she</li> </ul>	te to the applicant m infectious disease a hat the applicant is of g; tation/treatment for h be personally liable for ent Insurance; an ficiency in both spoke	nd that, having re her than fit to un is/her pre-existing or all medical exp	gard to his/her p dertake the jour conditions/illne penses incurred	physical and mental rney to UEA and to esses during his/her , other than those
I nominate (Dr/Mr/Mrs/Ms* )		holding Pas	sport No.:	
for the training course. Name and Designation	_	Signatu	re and Official Sta	mp
Name and Organization		Country code	Area code	Office tel no.
Email address		- Country code	Area code	Office tel no.
ENDORSEMENT BY THE STATE AGENCY FO UNDER THE CABINET OF MINISTERS OF Name		BLIC	E-GOVERNMEN Email Address nistry's Official S	
Designation				
		N	ame of Organiza	ition
Signature	_			
		Country code	Area code	Office tel no.
		Country code	e Area code	Office tel no.

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted