



Please affix
passport
size
photograph

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

FOR OFFICIAL USE ONLY

Reference no	:	_____
Received	:	_____
Checked	:	_____
Recommendation	:	_____
by Mission	:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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: Country Area Number	Home: Country Area Number
Office: Country Area Number	Fax: Country Area Number
Email:	
Person to be contacted in case of emergency:	
<u>Family</u> Name: Relation: Mobile Number: Address: Email:	<u>Office</u> Name: Position: Mobile Number: Address: Email:

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: Government / Semi Government / Private / NGO	Type of organization: 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 you hope to benefit from the course.

Please continue on supplementary pages if necessary

Have you participated in any training programme in UAE before? YES/NO Name of

Programme:

Organiser:

Year:

6. ENGLISH LANGUAGE PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : _____

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

LETTER OF INDEMNITY

I _____, 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 Minister's Office and _____ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of UAE or common law which may be made or taken against the UAE Ministry of Cabinet Affairs Prime Minister's Office and/or _____ or incurred or become payable by the UAE Ministry of Cabinet Affairs Prime Minister's Office and/or _____ in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with _____ which is appointed by the UAE Ministry of Cabinet Affairs Prime Minister's Office.

Dated this _____ day _____ of 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

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 NOMINATING AGENCY

On behalf of the Government of _____, I _____
Country Name of Official

Certify that:

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to UEA and to remain in UEA for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in UEA, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate (Dr/Mr/Mrs/Ms*) _____ holding Passport No.: _____
 for the training course.

 Name and Designation

 Signature and Official Stamp

 Name and Organization

_____-_____-_____
 Country code Area code Office tel no.

 Email address

_____-_____-_____
 Country code Area code Office tel no.

ENDORSEMENT BY THE STATE AGENCY FOR CIVIL SERVICE AND LOCAL SELF-GOVERNMENT AFFAIRS UNDER THE CABINET OF MINISTERS OF THE KYRGYZ REPUBLIC

 Name

 Email Address

(Ministry's Official Stamp)

 Designation

 Name of Organization

 Signature

_____-_____-_____
 Country code Area code Office tel no.

_____-_____-_____
 Country code Area code Office tel no.