



**INTER-CEPT**

## **International Center for Emergency Preparedness Training**

**“Training and Education in Emergency Management and Humanitarian Assistance”**

**TRAINING IN INTERNATIONAL HUMANITARIAN RESPONSE AND MANAGEMENT.**

### **APPLICATION FORM**

#### **Personal Details:**

Title – Dr/Mrs/Mr/Miss/Other:	Surname/Family Name:
First Name:	Middle Name:
Previous Last Name (if applicable):	Male/Female:
Country of Birth:	Date of Birth:
Nationality:	Passport Number:
Have you continued to live in your country of birth up to the present day, with no gaps in residence? Yes/No	
What country have you been living in for the past three years?	
Permanent Address:	Address for Correspondence (if different)
Telephone No.	Telephone No.
Mobile No:	Email address:

#### **Programme Application Details:**

Programme Title:
Proposed Start Date:
If the programme includes a choice of modules / options, please indicate your preference(s) here:

#### **Academic Qualifications:** (please attach/scanned copies of certificates)

University/Institution Attended:	
Degree Title:	Qualification Gained:
Dates of Attendance:	Year of Award:
Subject(s)	

**Professional Qualifications:** (please attach scanned copies of certificates)  
Please give details of any additional professional or other qualifications

--

**Employment History:** (if applicable)

Position Held	Dates	Employer & Country	Brief Description of Responsibilities

**Future plans** (what do you intend to do after completing this programme?):

--

**Health:** Details of any health issues, disabilities or support needs

--

**Criminal Convictions:**

Do you have any criminal convictions?

**(If you do not answer this question we cannot process your application)**

Yes

No

*If you have answered yes, please give details of the conviction in terms of sentence served or caution received.*

**\*Referees:** (separate form attached)

Name	Name
Position	Position
Address	Address
Email	Email
Telephone No.	Telephone No.
<p><b>* Note concerning referees: Referees should be Senior Academic and/or Professional persons who are currently responsible, or have recently been responsible, for supervising you. Close personal friends and family are not acceptable as referees.</b></p> <p>A referee should be your current supervisor or a recent employer.</p>	

**Personal Statement:** (Please give details of why you applied for the programme and what you expect to gain from attending the programme)

**Financial Support/Sponsorship**

Candidates must provide evidence that they will have sufficient funds available for their fees and maintenance during the programme. If sponsored please state the name of authority responsible for payment of tuition fees.

1. **Self-funded:** Yes / No.

2. **Sponsored:** Yes / No.            |

**Have you applied for a scholarship / sponsorship:** Yes / No

If 'yes', please state name and address of funding body:

Have you received a scholarship / sponsorship offer: Yes / No

If 'Yes', please enclose a copy of your offer letter.

If 'No', please state the date by which you expect to have received an offer:

*Please ensure that you notify the Programme Administrator and forward a copy of your offer letter as soon as it becomes available.*

**Application forms may be e-mailed to the appropriate programme administrator:**

**The Programme Administrator** (*Title of programme*)

**Registry Office, International Centre for Emergency preparedness, (INTER-CEPT)**

**P.O. Box Nairobi -Kenya**

**E-mail: registrar@inter-cept.org**

**Check-list**

Evidence of academic or professional qualifications (including transcripts where necessary) Email copies	
Copies of English Language certificates (where appropriate)	
Evidence of funding	
Passport photographs x 2 (with name on reverse) Scanned copies will be accepted.	
Other relevant items (please specify)	