



**TRAINING ATTACHMENTS
(ASIA AND OCEANIA)**

<http://www.ifla.org/VI/1/admin/trasia.htm>

APPLICATION FORM

NAME (Please print) _____

ADDRESS Office _____

Postal Address Home _____

E-mail _____

Office Tel/fax: _____

Home Tel/fax: _____

Nationality _____ Birthdate (date/mo/yr) _____ Gender _____

EDUCATIONAL QUALIFICATIONS/DATE/INSTITUTION

EMPLOYMENT RECORD (Most recent first)

	Job title	Description of position	Dates
1.			
2.			
3.			

SPECIALIZATION (if any)

AREA IN WHICH YOU DESIRE TRAINING

OBJECTIVES

Please state in about 200 words the benefit you plan to derive from the training and how it will further the advancement of librarianship in your country/sub-region.
(Use separate sheet if necessary)

LANGUAGES KNOWN AND LEVEL OF PROFICIENCY

(Please mark -/ in the relevant column)

Excellent Good Poor

1. _____ Written and spoken

2. _____ Written and spoken

3. _____ Written and spoken

EARLIER SCHOLARSHIPS AND TRAVEL GRANTS RECEIVED

1.

2.

3.

PLEASE STATE IF YOU HAVE ANY COUNTRY PREFERENCES (optional)

1.

2.

3.

PLEASE STATE THE EXTENT OF FINANCIAL ASSISTANCE YOU CAN RECEIVE FROM YOUR EMPLOYERS/OTHER SOURCES

ANY ADDITIONAL INFORMATION YOU WISH TO GIVE

DATE _____ SIGNATURE _____

INSTITUTIONAL ENDORSEMENT

I endorse the above applicant for the scholarship award.

NAME

INSTITUTION

PHONE/FAX/E-MAIL

POSTAL ADDRESS

DATE

SIGNATURE