



African Union
Commission (AUC)



African Institute for Economic
Development and Planning (IDEP)



Arab Bank for Economic Development
in Africa (BADEA)

Application Form **For** **A Capacity Development and Training Programme**

TOPIC	: Economic Coordination & Regional Integration in Africa
VENUE	: IDEP, Dakar - Senegal
DURATION	: 19 November – 30 November, 2012
SPONSORED BY	: Arab Bank for Economic Development in Africa (BADEA)
CONDUCTED BY	: UN African Institute for Economic Development and Planning (IDEP) in collaboration with the African Union Commission (AUC)

1. Important:

This application form is to be duly completed by the candidate and confirmed by the relevant authority. It should reach the **UN African Institute for Economic Development and Planning** at the following address, before **19 October 2012**:

Institute for Economic Development and Planning (IDEP)
P.O. Box: 3186, CP 18524 Dakar, Senegal
Tel.: (221) 33 823 10 20
Fax : (221) 33 822 29 64
Email: idep@unidep.org
Web site : <http://www.unidep.org>

Copy to:

Tharcisse@unidep.org , ah.ba@unidep.org and kokobeg@africa-union.org

2. Please attach copies of the first pages of your passport containing your personal information as well as validity and issuing dates, including your CV. Otherwise, your application would not be considered for selection.

Application Form

Topic of the Training Programme: Economic Coordination & Regional Integration in Africa

Where did you learn about the advertisement for this course (please circle the correct answer)?

1. IDEP Website

2. Government Ministry

Please specify: _____

3. Your Country's Embassy in Senegal

4. Your Colleague

If yes, is your colleague an IDEP Alumni? YES ☐

NO ☐

5. UNDP Office in your country

6. Other

Please specify: _____

I. PERSONAL INFORMATION (Bio-data):

Family Name:		First Name:		Middle Name:	
Date of Birth Day Month Year			Place of Birth		Photo
Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Nationality:					
Personal Address: Email:.....				Tel:..... Cel:..... Fax:.....	
Official Address (where to contact and send air tickets): Email:.....				Tel:..... Cel:..... Fax:.....	
Alternate person to contact in case of urgency: Name:.....				Tel:..... Cel:.....	
II. University Education (Start with the last institution)					
Name and Place of the Establishment		Study Years Fm.....To..... Fm.....To..... Fm.....To.....		Main Subjects	
.....			Degree obtained	
.....		
.....		
.....		

III. Languages				
Language	Excellent	Good	Average	
English				
Other Languages:				

IV. Training (Workshops, Seminars, etc.)

Training Institution	Date	Field of Training
.....
.....
.....

V. Career Development:

<p>a) Present Post:</p> <p>Years of Service From: to:</p> <p>Post:</p> <p>Name & Address of Employer:</p> <p>.....</p> <p>.....</p>	<p><u>Job Description:</u></p>
<p>b) Previous Post:</p> <p>Years of Service From: to:</p> <p>Post:</p> <p>Name & Address of Employer:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><u>Job Description:</u></p>

VI. State your motivation to participate in this programme and describe any previous experience you have in Regional integration in Africa *(Not more than one page or 250 words)*

VII. Commitment:

1. I certify that my answers to the preceding questions are complete and correct, and that I am in good health to travel and participate for the whole period of the programme ([See footnote 1 below](#)).

2. If selected to participate in the Training Programme, I will:

- Conduct myself well as a trainee, and abide by all IDEP's rules and regulations;
- Fully devote my time to the training programme;
- Participate in all assignments, activities and events within the training programme;
- Refrain from any political, commercial or any other activities not compatible with the training programme;
- Stay with the group at the same hotel, where group reservation has been secured by IDEP;
- Return to my country at the end of the training programme.

.....
Place

.....
Date

.....
Signature of Candidate

VIII. Confirmation by the Nominating Authority¹:

- Name of Nominating Authority: _____

- Official Title: _____

- Tel.: _____ Email: _____

Signature and Seal of Nominating Authority

IMPORTANT²:

- This application form and (for non-ECOWAS citizens) copies of the main pages of your passport as well as your CV should reach the **African Institute for Economic Development and Planning (IDEP)** at the following addresses, **before 19 October 2012**

African Institute for Economic Development and Planning (IDEP)

P.O. Box 3186 CP 18524, Dakar, Senegal

Tel.: (221) 33 823 10 20

Fax: (221) 33 822 29 64

Web site: <http://www.unidep.org>

Email: idep@unidep.org

Copy to:

: tharcisse@unidep.org and ah.ba@unidep.org
kokobeg@africa-union.org and EgbetayoV@africa-union.org

¹ Please fill all the fields. IDEP reserves the right to make claims against a nominating authority if a candidate abandons the programme without prior official authorization from the Institute.

² IDEP will not share your information with any organization beyond the organizers of this learning activity and fellow participants.