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| **Application Form** | | | | | | | | | |
| Training Course Name:  **Use and Applications Remote Sensing, Space Sciences and Space Policy**  **9 – 13 December 2019** | | Hosted By**:**  **ASI Broglio Space Centre**  **Malindi (Kenya)** | | | | | | | Date: |
| First Name: | | | Middle Name: | | | Last Name: | | | |
| Date of birth: | |  | | | Gender: | | | Nationality: | |
| Affiliation: | | | | | | | | | |
| Type of organisation (Education / Research Institute / Government ): | | | | | | | | | |
| Present title: | | | | | | | | | |
| Present responsibilities: | | | | | | | | | |
| Mailing address:  Tel (Including country code): E-mail: | | | | | | | | | |
| Required (mandatory) information | | | | | | | | | |
| Names as in Passport: | | | | Country of Passport: | | | | | |
| Passport No: | Date of issue: | | | Date of expiry: | | | Place of issue: | | |
| Educational qualification (Bachelor/Master/Doctorate): | | | | Subject/Field: | | | | | |
| Why do you want to attend this Training Course? Please, explain in detail: | | | | | | | | | |
| The undersigned certifies that the above-mentioned statements are true, complete and correct.  Applicant’s signature: Place: Date: | | | | | | | | | |
| The application of the candidate to the above-mentioned Training Course is hereby approved in the interest and benefit of our organisation/institution/Government authority, that will bear the relevant insurance costs. Name and Signature of authorised person :  Designation: Seal : Date: | | | | | | | | | |
| Please fill up **this form** and attach a copy of a valid passport, a copy of the University Diploma, 3 (three) signed letters of reference, a **curriculum vitae** to be submitted as: 1) a Word File by e-mail (without signature) and 2) as a scanned PDF file with signatures. Please send the files to: [**BSCtrainingcourse@asi.it**](mailto:BSCtrainingcourse@asi.it)  For any enquires write to Ms. Sabrina Ricci at **BSCtrainingcourse@asi.it** | | | | | | | | | |