

Application form for the course on:

.....
Course title

.....
Place *Date*

Please submit this application duly completed to the **ESTP contact point at your National Statistical Institute**. The contact point will arrange for your registration. All participants will be confirmed two weeks after the application deadline. Important note: all applications should be sent in Word format. Upon the completion of the course, the participants will be requested to fill in an evaluation form.

First name / Surname	Ms <input type="checkbox"/> Mr <input type="checkbox"/>
Nationality / Age	
Highest educational degree (Date, subject)	
Employer (Organisation / department)	
Address at work (E-mail)	
Current professional position (since when, brief job description)	
Do you fulfil the course entry requirements, <u>including the language level</u> (please refer to the course description in the current ESTP catalogue):	<input type="checkbox"/> Yes, fully. <input type="checkbox"/> Partially. <i>Please give details:</i>
Which background do you have in the subject field? Please give details.	Please rate your level of knowledge in the course subject field: <i>1 = none; 2 = minimum; 3 = good; 4 = very good; 5 = excellent</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Please rate your level of experience in the course subject field: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <i>Please give details concerning your background in the subject field:</i>
What is the added value you expect from this course? Please note that your application will be assessed based on the information provided.	<i>Please explain:</i> Why do you want and/or need to take part in this course? How do you expect to apply your new skills and knowledge after the course? What difference will the learning make to your (and your colleagues') work? How do you plan to exchange experience/practices with other participants?
Would you like any specific subject to be emphasised in the course? If so, please specify.	
Date and signature	Date: e-Signed