



The eCentre Workshop Application Form

UNHCR Representation in Japan
The eCentre
<http://www.the-ecentre.net>
Fax: +81-3-3499-2272
eMail: jpntocen@unhcr.org

Name of course

Applicant's Basic Information

Last / Family Name

First / Given and other Name

Male Female

Date of Birth

Nationality

Sex

Index No. *(UNHCR
Staff Member Only)*

Mailing Address

e-mail address

Telephone
Number

Fax Number

No Yes

Special Dietary
Requirement

(Please specify)

Employer / Organisation's
name

Job Title

Brief description of mission of your organisation

Emergency Contact

Name of contact person

Contact Telephone number

Applicant's Detailed Information 1

Current Duty

Region/countries where you are responsible



Applicant's Detailed Information 2

Current Job Title & Responsibilities in detail:

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Other Experience in Humanitarian Assistance / Organizations:

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Countries worked in and how long:

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Other relevant skills, experiences or training;

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Please identify your main objectives for participating in the course:

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Your other relevant interests:

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Certification

- I certify that I am able to attend during all of the period of the training event, and that my supervisor agrees to my participation.
- I certify that I have reviewed the eCentre funding policy and that I/my organization is able to cover the costs not applicable to the eCentre.
- I have forwarded a copy of my request for participation to the UNHCR office in my country (recommended).

(note: first two boxes must be checked in order for the application to be considered)

Signature

Signature (or Type)

Date