



---

### 1. Personal Data

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle N/I: \_\_\_\_\_  
Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M/F Marital Status: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

---

### 2. Education

Institution	Location	Years	Major Subject	Degree

---

### 3. Professional Employ

Company/ Institution	Location	Job Description	Years

---

**4. Jewish Community Affiliations** (if relevant):

Organization: \_\_\_\_\_ Position / Office Held: \_\_\_\_\_

Membership in Other Organizations: \_\_\_\_\_

---

**5. Previous Visits to Israel**

Purpose of Visit	Year and Duration	Organizing Agency (if relevant)

---

**6. Knowledge of Languages**

Mother Tongue: \_\_\_\_\_

Other Languages – please indicate level of fluency: Fair, Good, or Very Good

Languages	Reading	Speaking	Writing

---

**7. References:**

Please include two letters of recommendation from people in your country who can comment on your leadership potential and other capabilities:

Name	Position	Telephone	Email

---

### **8. Essay**

Please attach a one-page typed essay including biographical information about yourself, your future plans, and your expectations of the Diplomatic Seminar and how it will be of use to you.

---

### **9. Curriculum Vitae**

Please include an updated CV and a passport size photograph of yourself.

**Please submit this completed form in three copies.**

## DECLARATION

I, the undersigned, \_\_\_\_\_ of (country) \_\_\_\_\_ in submitting my application for the Diplomatic Seminar for Young Jewish Leaders declare as follows:

- (A) I AM FULLY AWARE that the opportunity given to me is designed for the benefit of the Jewish community. I therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the Israel Ministry of Foreign Affairs, the professional institution hosting and organizing the Seminar (thereon "the organizers" or "the organizing institution").
- (B) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israeli civil or criminal law and/or break the rules or regulations of the organizing institution.
- (C) I AM to the best of my knowledge of healthy body and mind and do not require medical treatment or attention.
- (D) I UNDERTAKE, upon acceptance to the Seminar, to present to the organizers a medical evaluation prepared by a competent medical authority.
- (E) I AM FULLY AWARE that the organizers do not bear any responsibility whatsoever for my money, valuables, documents, etc. Similarly, the organizers bear no responsibility whatsoever for loss of money, valuables, documents, etc.
- (F) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.
- (G) I FULLY UNDERSTAND that the organizers provide basic medical insurance and do not accept responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (H) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the organizers covers me only during the period of the Seminar, and only in Israel.
- (I) I HEREBY CERTIFY that all information and documents presented are correct and truthful.

I confirm hereby my full agreement to these conditions.

Full name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_