



**MASHAV**  
**Israel's Agency for International Development Cooperation**  
**Ministry of Foreign Affairs**  
**Jerusalem**

Dear Applicant,

Thank you for applying for a professional training program in Israel. In order for us to consider your application, please complete the enclosed form (2 copies) and return them to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. Please type your answers. This will facilitate the application process and enable us to make our decision in as short a time as possible.

Only candidates who are accepted will be notified by the Israeli representative.  
 Thank you for your cooperation.

**ESSENTIAL:**

This application form must be **TYPED IN THE LANGUAGE OF THE PROGRAM**, and accompanied by the following:

- Completed and approved medical certificate form
- Certificate of language proficiency (If the language of the program is not your mother tongue or the official language of your country).
- Photocopy of the relevant highest academic degree obtained translated to the language of the program.
- Three additional passport photographs, apart from those affixed to the two copies of this application.
- Two letters of recommendation from present employers or relevant affiliation.
- These forms should reach the nearest Israeli representative at least ten weeks prior to the opening of the program.

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**FOR OFFICIAL USE ONLY**

שגרירות/ נציגות ישראל במדינת \_\_\_\_\_ תאריך קבלת השאלון \_\_\_\_\_  
 ראייתי את המועמד/ת שם פרטי \_\_\_\_\_ שם משפחה \_\_\_\_\_ אישית/טלפוני  
 הערכת המועמד/ת והתאמה לקורס: \_\_\_\_\_

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שם	תפקיד	חתימה	חותמת השגרירות
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- נא לשלוח עותק קשיח אחד למש"ב ובמקביל לשלוח עותק במייל לשלוחה הרלוונטית. עותק קשיח נוסף יישאר בנציגות.
- שאלונים שלא ימולאו במלואם כולל חלק זה בעברית לא יטופלו.

**Photo  
+  
Three  
Copies**

**1. General**

Name of the training program \_\_\_\_\_  
\_\_\_\_\_

Name of training institution in Israel \_\_\_\_\_

Dates: \_\_\_\_\_ Language of the course \_\_\_\_\_

**Financial arrangements:**

**Flight ticket will be paid by** \_\_\_\_\_

**Tuition and accommodation will be covered by** \_\_\_\_\_

**2. Personal Data**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Religion \_\_\_\_\_ Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male / Female

Home address \_\_\_\_\_  
\_\_\_\_\_

Telephone (country code \_\_\_\_\_) (area code \_\_\_\_\_) Number \_\_\_\_\_

Cell phone (country code \_\_\_\_\_) (area code \_\_\_\_\_) Number \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**3. Education**

	Institute	Location	Year	Field of Expertise	Degree
Higher Education					
Academic Degrees: First					
Second					
Third					

**4. Other studies / courses / seminars relevant to the program (Last 10 years)**

Subject of course	Country	Organized by	Duration of studies	Year

**5. Previous Studies in Israel**

Subject of course	Year	Training Institute

Name of applicant \_\_\_\_\_

### 6. Computer Proficiency

No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, please specify (Word, Excel, etc.)\_\_\_\_\_

### 7. Knowledge of languages

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

Language of the program	Reading			Speaking			Writing		
	Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

### 8. Employment

Full Name of Institution\_\_\_\_\_

Type of Institution: Government / NGO / Private / Other\_\_\_\_\_

Address \_\_\_\_\_

Telephone\_\_\_\_\_ Fax :\_\_\_\_\_ e-mail \_\_\_\_\_

Present Responsibilities and Content of your Position \_\_\_\_\_

\_\_\_\_\_

### 9. Former places of Employment

Name of Institution	Dates From-To	Position held

Name of applicant \_\_\_\_\_

**10. References:** Please list two people who are acquainted with your professional qualifications

**Reference 1**

<b>Name</b>	<b>Position</b>
<b>Telephone number</b> Country code    area code    number	<b>Cell phone number</b> Country code    area code    number
<b>Fax number</b> Country code    area code    number	<b>e-mail address</b>

**Reference 2**

<b>Name</b>	<b>Position</b>
<b>Telephone Number</b> Country code    area code    Number	<b>Cell phone Number</b> Country code    area code    Number
<b>Fax Number</b> Country code    area code    Number	<b>e-mail address</b>

**DECLARATION**

TRAINING PROGRAM \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, Mr./Mrs./Miss \_\_\_\_\_ of (country) \_\_\_\_\_  
in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the government of Israel to enable me, if I should be found suitable, to participate in a period of study and/or training in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I AM FULLY AWARE that the training opportunity given to me is designed for the benefit of my country's development. I, therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the professional institution hosting the training program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) 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 Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my training program.
- (F) I UNDERSTAND that the Government of Israel cannot in any way be held responsible for the material needs of my family during my stay in Israel, nor for my employment upon my return to my country.
- (G) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the training program.
- (H) I AM - to the best of my knowledge - of healthy body and mind and do not require any medical treatment or attention.
- (I) I UNDERTAKE to submit to a further medical examination before or during my studies when required to do so by the Government of Israel.
- (J) I AM FULLY AWARE that the institute does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (K) (FOR WOMEN) I AM NOT - to the best of my knowledge - pregnant, and I understand that I am liable to be sent home in case of pregnancy.
- (L) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (M) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.
- (N) I HEREBY CERTIFY that all information and documents presented are correct and truthful.
- (O) I AM FULLY AWARE that it is my responsibility to obtain the name and location of the Israeli institute to which I am going, its address and how to arrive there.

(P) I UNDERSTAND that all the financial arrangements have been finalized with the Israeli Representative before my arrival in Israel.

(Q) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the Israeli institute covers me only during the period of the course/program within the area of the State of Israel.

**I confirm hereby my full agreement to these conditions.**

**Name and surname of applicant** \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_

**Please write a short paragraph describing your expectations from the training program including the direct contribution of the program to your field of work, as well as future plans after completion of the program.**

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**Please write a very short autobiography**

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**MEDICAL CERTIFICATE**

Surname:	Given name (s):	Date of birth:	Gender:
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**To be filled out by applicant:**

Have you/ do you suffer from the following:		No	Yes	If yes, please specify
A	Heart (Cardiovascular)			
B	Hypertension			
C	Diabetes			
D	Epilepsy			
E	Mental Disorders			
F	Tuberculosis			
G	Bronchial Asthma			
H	Visual Disorders			
I	Malaria			
J	Sexually - Transmitted Diseases ( Including AIDS)			
K	Malignant Disorders ( or other tumors)			
L	Internal Bleeding			
M	Have you undergone surgical procedures?			
N	Have you undergone medical exams during this year?			
O	Are you currently using any medications?			
P	Are you currently pregnant? If yes, what month?			

**To be filled out by Family Physician/ Practitioner:**

Has the applicant suffered/ suffering from the following:		No	Yes	If yes, please specify			
A	Heart (Cardiovascular)						
B	Hypertension						
C	Diabetes						
D	Epilepsy						
E	Mental Disorders						
F	Tuberculosis						
G	Bronchial Asthma						
H	Visual Disorders						
I	Malaria						
J	Sexually - Transmitted Diseases ( Including AIDS)						
K	Malignant Disorders ( or other tumors)						
L	Internal Bleeding						
M	Undergone surgical procedures?						
N	Undergone medical exams during this year?						
O	Currently using any medications?						
P	Currently pregnant? If yes, what month?						
Q	Gynecological Disorders						
	<b>Physical Examination: please specify:</b>	<b>Normal</b>	<b>Abnormal</b>				
R	Blood pressure						
S	Cardiac functions						
T	Respiratory						
U	Liver						
V	Spleen						
W	Lymph Nodes						
X	Edema of legs						
Y	Lab Tests:	ESR	HB/ HCT	WBC	HIV	Urine Glucose	Urine Protane
	Results:						
Z	Physician's Conclusions/ General Remarks:						
Physician's name:		Signature and Stamp			Date:		