

Annex II

ADVANCED WORKSHOP ON CLIMATE CHANGE AND AGRICULTURE

SHEFAYIM, ISRAEL

3 –14 May 2015

APPLICATION FORM

Section A: Personal Details

1. Country : _____
2. Title : Mr/Ms/Miss/Dr/Prof/_____
3. First Name (Given) : _____
4. FAMILY NAME (SURNAME) : _____
5. E-mail : _____
6. Telephone No : _____
7. Fax No : _____
8. Official Address : _____

9. Date of Birth : _____
10. Nationality : _____
11. Gender : Female Male
12. Do you need an entry visa for Israel?: No Yes

<http://mfa.gov.il/MFA/ConsularServices/Pages/Visas.aspx>

Section B: Qualification

13. Qualification (Certificates, diplomas, degrees, etc.):

14. Please indicate your English language skills:

	Excellent	Good	Fair	Poor	Nil
Speaking					
Reading					
Writing					

15. What other WMO courses have you attended in the last 5 years?:

Section C: Work Experience

16. I work in: National Meteorological and/or Hydrological Service (NMHS)
 WMO Regional Training Center (RTC)
 NMHS Training Center
 University
 Other (Please specify):

17. What is your job title? :

18. How long have you been in this position? :

19. I am a: Meteorologist
 Hydrologist
 Other (Please specify) :

Section D: Rationale for Applying

20. How are you involved in Hydrometeorology in your position? _____

21. This will be an Advanced-level course. What previous education and training on climate and agrometeorology topics have you undertaken? What related experience qualifies you for this course?

22. Why do you want to attend this workshop? Be specific about how it will help you in your work.

23. Statement by candidate on how she/he anticipate using the knowledge and skills from this workshop in the work after the workshop?:

Place: _____

Date: _____

Signature of the Candidate: _____

Statement by the Permanente Representative with WMO on why this nominee should be selected for this course.

How would this nominee be funded to attend this course?

	Airfare	Per diem
Self-funded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded by Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded by National Institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funded by another source (grant, development project, etc.). Please state source of funding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of the Permanente Representative with WMO

To be completed and returned as soon as possible to the Organization Committee **not later than 15 March 2015** to:

Mr. Giora. G. Gershtein,

IMS/WMO RTC Bet Dagan, Bet Dagan 50250, POB 25, Israel

E-mail: gershteing@ims.gov.il; rmtc@ims.gov.il

Phone: +97239403134; Mob: +9720506212099

Include a short CV (last 5 years) with the present form