**FELLOWSHIP APPLICATION**

Note: This form cannot be used to apply for a training course or for a scientific visit.

### INSTRUCTIONS

**PLEASE READ CAREFULLY**

The IAEA requires **two** completed copies of this form for each applicant nominated. Please type or print in ink.

<table>
<thead>
<tr>
<th>Section A (1-10):</th>
<th>To be completed by the applicant and supervisor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A (11):</td>
<td>To be completed by the designated certifying official of the nominating Government.</td>
</tr>
<tr>
<td>Section B:</td>
<td>To be completed by the Government official responsible for atomic energy matters in the country concerned.</td>
</tr>
<tr>
<td>Section C:</td>
<td>To be completed by a registered medical practitioner.</td>
</tr>
<tr>
<td>Section D:</td>
<td>To be completed by a qualified language teacher.</td>
</tr>
</tbody>
</table>

Paragraph 6 and 8 from section A should be completed in **English**. If a visit to a French or Spanish-speaking host country is requested, an **additional translation in the respective language** should be provided by the applicant.

A complete transcript of the academic record is required for each applicant, including the following information about undergraduate or post-graduate courses:

- Number of semesters or academic years of study:
- Subjects studies in each semester or academic year;
- Grade (such as fair, good, very good, excellent or any other code system) for each of the above mentioned subjects; and
- Degree obtained upon graduation.

A certified translation of this transcript is required if it is issued in a language other than that of the requested training programme.

**BEFORE SIGNING, PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED. COMPLETE FORMS CAN BE PROCESSED MORE RAPIDLY THAN INCOMPLETE ONES.**

The IAEA application forms for fellowships must be submitted to the IAEA through governmental channels and priority is given to requests associated with projects of direct benefit to the Member States.

The IAEA may consider your requirements are better met by a scientific visit. To qualify for a scientific visit, the candidate must have worked for **at least five years** in the field in which the visit is requested, and should hold an **appropriate advisory or management position**; the duration of the visit should be up to a maximum of four weeks, with not more than two weeks at any one institute.
**FELLOWSHIP APPLICATION**

Note: This form cannot be used to apply for a training course or for a scientific visit.

Technical cooperation (TC) project code: / /  
and title:

<table>
<thead>
<tr>
<th>1. PERSONAL DATA</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Female □ Male</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Family name:</td>
<td>Place of birth:</td>
</tr>
<tr>
<td>(as in Passport)</td>
<td>Nationality: Recent photograph</td>
</tr>
<tr>
<td>First name:</td>
<td>Passport No.:</td>
</tr>
<tr>
<td>Complete mailing address (office):</td>
<td>Date of issue:</td>
</tr>
<tr>
<td>Institute Name:</td>
<td>Place of issue:</td>
</tr>
<tr>
<td>Street:</td>
<td>Valid until:</td>
</tr>
<tr>
<td>P.O. Box:</td>
<td>Recent photograph of candidate</td>
</tr>
<tr>
<td>Post Code:</td>
<td></td>
</tr>
<tr>
<td>Town/City:</td>
<td>Telephone (office):</td>
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<tr>
<td>Region/District:</td>
<td>Telephone (home):</td>
</tr>
<tr>
<td>Country:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Airport/town nearest to residence:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. PRIVATE ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years attended</td>
<td>Name and place of institution</td>
</tr>
<tr>
<td>from</td>
<td>to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. EDUCATION (commencing with secondary school)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Read</td>
<td>Write</td>
</tr>
<tr>
<td>Good Average</td>
<td>Not easily Good Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. KNOWLEDGE OF LANGUAGES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother tongue:</td>
<td>Other languages</td>
</tr>
<tr>
<td>Good Average</td>
<td>Not easily Good Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. RECENT EMPLOYMENT RECORD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of service</td>
<td>Name and place of employer/organization</td>
</tr>
<tr>
<td>from</td>
<td>to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. DESCRIPTION OF WORK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in detail (in 200 words) the work you have been doing during the past 3 years (Please attach list of any material you may have published):</td>
<td></td>
</tr>
</tbody>
</table>

TC-2 Fel E/Rev.8 (Feb 14)
7. **PREVIOUS PARTICIPATION IN AN IAEA ACTIVITY**

Have you participated in a previous IAEA activity? If yes, please list each activity below:

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8. **PRIMARY OBJECTIVES TO BE ACHIEVED BY THE PROPOSED TRAINING**

a) Outline in at least 200 words the detailed programme of training you require:

b) Outline in at least 200 words the detailed programme of work you expect to carry out during the next 12 months at your home institute before starting the training you requested:

c) If the fellowship is linked to a technical cooperation project, outline in at least 200 words the roles foreseen by the supervisor or project counterpart upon the applicant’s return, and how the training will be of value to meeting the needs of the project objectives:

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9. **HOST COUNTRY(IES)**

a) Indicate the countries where you would like to be trained. The IAEA reserves the right to select the appropriate country of training.

b) If you are acquainted with the proposed host country or countries, list the institution where you desire training to be arranged. If known, indicate also the names of the individual(s) under whose direction you would like to work.

c) Indicate how much time you could devote to the training, and the period when you would be available to undertake the training (please keep in mind it may take several months from submission of application to finalise arrangements). Indicate any period when you would **not** be available.
10. I hereby certify that the statements made by me in this application are true and complete. If selected for a fellowship, I undertake to:

(a) Conduct myself at all times in a manner compatible with my status as a recipient of an IAEA training award;
(b) Spend the full time during the period of the award in the training programme as directed by the supervising agency in the country of study and by the IAEA;
(c) Refrain from engaging in political and commercial activities;
(d) Submit reports in accordance with the requirements of the IAEA;
(e) Return to my home country at the end of the fellowship and work in my country for a period of at least two years in the field of peaceful uses of atomic energy;
(f) Accept no remuneration other than the fellowship stipend and the salary which is paid to me by my own Government or Institution nor render any services against payment or other form of remuneration;
(g) Inform the IAEA whenever there are changes in my status or availability that will affect the terms of my IAEA training award.

BEFORE SIGNING PLEASE BE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Date Signature of applicant

Date Signature of supervisor

11. The Government of

is cognizant of the principles and rules pertaining to IAEA-supported training awards and nominates the applicant (family and first name(s)):

for a fellowship in (specify topics):

and, noting the responses given by the applicant to the questions above, gives assurance that:

(a) All information supplied by the applicant is complete and correct;
(b) After completion of the training period, the applicant will be offered a suitable position in order to permit him/her to work in his/her country for a period of at least two years in the field of peaceful uses of atomic energy;
(c) In case the applicant is already employed, his/her salary will continue to be paid throughout the period of the award;
(d) The applicant will be paid all expenses relating to his/her passport, visa, medical examination and other incidental expenses;
(e) All medical costs not covered by insurance which are incurred during the fellowship due to illness or injury will be met by the Government;
(f) No facts are known to the Government regarding the reliability and character of the applicant which would obstruct giving him/her access to nuclear installations or institutions where ionizing radiation is used.

Date Signature of certifying Government official

Name and title of official (typed or printed)
STATEMENT BY THE GOVERNMENT OFFICIAL RESPONSIBLE FOR
ATOMIC ENERGY MATTERS IN THE COUNTRY

If the proposed training is project related, give IAEA project code: / / and title:

Name of the applicant (family name and first name(s)):

1. What are the objectives of this proposed fellowship from the Government’s point of view?

2. Explain how the applicant’s training programme will achieve the above objectives.

3. Explain clearly and fully how the experience gained by the applicant on his/her fellowship will be utilized on his/her return home to further the peaceful uses of atomic energy in the country, either with the organization responsible for atomic energy matters or with another national or private-sector institution.

4. Priority will be given to fellowship applications which are related to projects. If this application is related to an IAEA, a UNDP or a locally-supported project, please identify the project (by project code, if possible) and give details relating the aims of the fellowship in relation to the project activities.

Date Signature of Government official responsible for atomic energy matters in the country

Name and title of official (typed or printed)
MEDICAL REPORT

INSTRUCTION: To be completed in duplicate by a registered medical practitioner after a thorough clinical and laboratory examination; a chest X-ray should be included only if clinically indicated. The International Atomic Energy Agency reserves the right to require the applicant to undergo a further medical examination before he/she takes up his/her fellowship.

Name of applicant:

Date of birth (year-month-day) - -  □ Female  □ Male  Height (cm):  Weight (kg):

1. If the applicant has been under treatment during the last three years, please describe the condition, the treatment and the present status of the disease(s):

2. What medications are regularly taken by the candidate and what is the reason for each?

3. What is the applicant’s normal blood pressure?

4. Is the applicant in good health and able to work at full capacity?

5. Is the candidate able physically and mentally to participate in intensive training away from his/her home?

6. Is the candidate free from infectious diseases (for example tuberculosis or trachoma) which could present risks for the applicant or people with whom he/she will be in contact during his/her period of training?

7. Does the applicant have any medical condition which might require treatment during his/her period of training?

8. (If applicable) Are there any abnormalities indicated by the chest X-ray?

Full name and address of examining physician (printed or typed)

Date  Signature and stamp of the examining physician
CERTIFICATE OF KNOWLEDGE OF ENGLISH, FRENCH or SPANISH (as applicable)

Name of the applicant:

Address of the applicant:

Type of test administered:

Overall score obtained:

Please mark appropriate boxes in sections (1), (2), (3), (4) and (5) below:

(1) **ABILITY TO UNDERSTAND**
- ☐ Understands without difficulty when addressed at normal rate
- ☐ Understands almost everything, if addressed slowly and carefully
- ☐ Requires frequent repetition and/or translation of words and phrases

(2) **ABILITY TO SPEAK**
- ☐ Speaks fluently, accurately and easily intelligible
- ☐ Speaks intelligibly, but is not fluent or altogether accurate
- ☐ Speaks haltingly, and is often at a loss for words and phrases

(3) **ABILITY TO WRITE**
- ☐ Writes with ease and accuracy
- ☐ Writes slowly and/or with only moderate degree of accuracy
- ☐ Writes with difficulty and makes frequent mistakes

(4) **READING ABILITY AND COMPREHENSION**
- ☐ Reads fluently with full comprehension
- ☐ Reads slowly, but understands almost everything he reads
- ☐ Reads with difficulty, and only with frequent recourse to the dictionary

(5) **OVERALL ASSESSMENT**
- ☐ Applicant’s knowledge is sufficient to follow *academic/*practical training programme (*cross out if not applicable):
  - ☐ Without further language training
  - ☐ After _____ months intensive language training in home country at
  - ☐ After _____ months full time training in host country at
  - ☐ After _____ months part time language training parallel with technical training in host country
- ☐ Applicant’s knowledge is insufficient

(6) Other remarks which may be of value in the development of the applicant’s training programme:

Language test has been administered by: Name:
- Title:
- Address:
- Date:
- Signature:

Note: The applicant may be required to undertake language examination(s) to determine proficiency by a representative of the host Government before acceptance is received. Should this be requested the applicant must undertake the test required by the host Government or institution.