1. “INTERNATIONAL TRAINING WORKSHOP ON
2. **“SAND AND DUST STORMS”**
3. AND
4. **“WEST ASIA COOPERATION MEETING ON SAND AND DUST STORMS”**
5. 12-15 November 2018, Istanbul, TURKEY

**APPLICATION FORM**

**Note:** Please complete the form in **CAPITAL LETTERS**; get it scanned in PDF version, and send directly to the **Ms. Afife Hande TÜRKYILMAZ (ahturkyilmaz@mgm.gov.tr)** by e-mail **with a passport copy and official letter signed by your PR with WMO** not later than **08 October 2018**.

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| 1. Country: |  | | Photo | |
| 1. Given name: |  | |
| 1. FAMILY NAME: |  | |
| 1. Gender: | □ Female □ Male | |
| 1. Date of birth: |  | | | |
| 1. Nationality: |  | | | |
| 1. Passport number: |  | | | |
| 1. Name of the Organization: |  | | | |
| 1. Address of the Organization: |  | | | |
| 1. Telephone number: |  | | | |
| 1. E-mail address: |  | | | |
| 1. Health condition: |  | | | |
| 1. Details of contact person in case of emergency: |  | | | |
| 1. Qualification (certificates, diplomas, degrees): |  | | | |
| 1. English proficiency: | □ Excellent □ Good □ Fair □ Poor □ Nil | | | |
| 1. Current position and brief description of duties: |  | | | |
| 1. State why you wish to attend the event and indicate the practical use of the event to your work in the future: |  | | | |
| 1. Do you need an entry visa for Turkey? (www.mfa.gov.tr/visa-information-for-foreigners.en.mfa) | | | | □ Yes □ No |
| 1. Do you need financial support for flight tickets?   (We have limited budget for the flight tickets) | | | | □ Yes □ No |
| 1. Departure City & Airport: | |  | | |
| 1. Declaration by applicant:  * I fully understand that the organizer does not take any responsibility for risks such as loss of life, accidents, illness, loss of property etc. * I hereby declare that the information given above is true, correct and complete. I shall bear the responsibility for the above information. * I pledge to observe all the Turkish laws and will respect the local customs and follow the course regulations during my stay in Turkey for the training course.   Date: Signature of applicant: | | | | |

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| 1. Statement by the Permanent Representative with WMO on why this nominee should be selected for this course:  * I endorse this application.   Date: Signature of Permanent Representative: with WMO |

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| **Contact Details**  **Contact Person** : Ms. Afife Hande Türkyılmaz  **Telephone** : +90 312 302 27 92  **E-mail**  : ahturkyilmaz@mgm.gov.tr  **To be returned to the Contact Point not later than 08 October 2018** |