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** |