



APPLICATION FORM

International Course on Conservation of Biodiversity through Ecologically Responsible Forest Management in the Productive Forest of the Amazon.

Please fill properly in the fields of this form, in handwritten or word processor, with the required information. Any additional information that you consider relevant in section 3, should be included in this form, and attach additional pages if necessary. Be sure to sign and date the form.

1. P	'EKSO	INAL	CONTACT	INFORM	IAHON

1. PERSONAL CONTACT INFORT	VI/ (1101V		
Names		Surnames	
(such as it is in the Passport)		(such as it is in the I	Passport)
	0 (0.0) (7)		
Date and place of birth	Sex (M) (F)		Nationality
Institution where you work		Position	
E-mail (work)	Telephone (w	ork and personal)	Institutional address
	Skype		
Emergency contact person: name	and kinship, telepi	hone (and whatsapp <u>)</u>	, e-mail

2. INFORMATION FOR THE COURSE	
Main functions you perform in your current position	
(Indicate what percentage of your time is spent with activities in field)	

Select the center you want to make the course	Instituto FlorestaTropical (IF Pará, Brazil 20 30/sept/2018	Τ)		()
	Instituto de Investigaciones d Iquitos, Peru 10-20 /oct/2018	le la Amazonía Peruana (II.	AP)	()
	Forestry Training Centre Inco Georgetown, Guyana 24 oct - 03 nov/2018	rporated (FTCI)		()
Knowledge of languages (Use the letters below to inform your level)	Spoken	Writing	Re	eading
Spanish				
Portuguese				
English				

3. Other

Vaccines	
Have you ever taken the yellow fever vaccine?	Yes () No ()
If Yes: do you have the international certificate of vaccination?	Yes () No ()
Physical condition and health Do you have any special physical condition (e.g. chronic lumbar pain, locomotion, etc.) that could affect your participation in the course?	Yes () No ()
If Yes: What is that condition? Have you been diagnosed with any type of allergy to natural agents (e.g. pollen, insect bites, urticarial plants, etc.), which could affect your participation in the course?	Yes () No ()
If Yes: do you take some medication to control your allergy?	Yes () No ()
Do you have any other health condition that you consider may represent any difficulty in performing field activities (e.g. post-surgical status, pregnancy, etc.)?	Yes () No ()

If yes: what is that condition?			
Diet Do you have any special food restriction? If Yes: what is the type of diet you follow?	Yes () No ()		
I hereby, (handwritten letter)declare that all the information provided here is true, as well as I understand that the course demands physical effort and has its own risks related to activities in field, and accept the responsibility that this entails.			
Signature date and place			

Please before sending this form, print, sign and scan it. Then, be sure to attach the other documents required to complete your application, that is: i) curriculum vitae (3 pages maximum), ii) letter of motivation, iii) Institutional official letter, supporting or authorizing your participation.