

**UNESCO-IOC
INTERNATIONAL TRAINING COURSE ON TSUNAMI NUMERICAL MODELING:
COURSE I: TSUNAMI SOURCES AND TSUNAMI PROPAGATION**

Two Sessions:

**8-19 May 2006, Malaysian Centre for Remote Sensing (MACRES), Kuala Lumpur, Malaysia
22 May to 2 June 2006, IOC International Oceanographic Data and Information Exchange
(IODE) Project Office, Oostende, Belgium**

APPLICATION FORM

Applications Due: 5 April 2006

Email or Fax: ITIC Director, l.kong@unesco.org, <1> 808 532 5576

ID picture taken within the last 6 months
2x2

Please type or write in BLOCK letters in English

SESSION PREFERENCE (8-19 May <u>or</u> 22 May to June 2006)	
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1. PERSONAL INFORMATION

NAME	
TITLE	<input type="checkbox"/> DR. <input type="checkbox"/> PROF. <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> others _____
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDAY (DD-MM-YYYY)	
NATIONALITY	
HOME ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

2. PROFESSIONAL BACKGROUND

OFFICE/SCHOOL/ ORGANIZATION	
POSITION	

ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	-

3. EDUCATIONAL BACKGROUND

LEVEL	SCHOOL	DEGREE	YEAR GRADUATED
COLLEGE			
MASTERAL			
DOCTORAL			
POST DOCTORAL			

4. TRAININGS ATTENDED (related to Tsunami)

TITLE	CONDUCTED BY	INCLUSIVE DATES

5. TRAVEL INFORMATION

PASSPORT NUMBER	
DATE OF ISSUE	
PLACE OF ISSUE	
EXPIRY DATE	
NAME OF NEAREST INTERNATIONAL AIRPORT	

6. OTHERS

ENGLISH LANGUAGE PROFICIENCY	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor
LAPTOP COMPUTER	

SPECIFICATIONS	
MEAL RESTRICTION	

Each applicant should also submit a Curriculum Vitae containing the following:

1. Background in numerical modeling
2. Brief information about projects related to modeling that the applicant has participated in.
3. Other experiences related to modeling or other related tsunami projects.
4. Statement of why the applicant is interested in Training in tsunami modeling and after the Training, where and how long the experience gained in the Training will be used.

SIGNATURE OVER PRINTED NAME

DATE: _____