**UNIVERSIDAD DE ALICANTE (UA) – FACULTAD DE CIENCIAS
MINISTERIO DE AGRICULTURA, ALIMENTACIÓN Y MEDIO AMBIENTE (MAGRAMA) – SECRETARÍA GENERAL DE PESCA (SGP)**

**CIHEAM – MEDITERRANEAN AGRONOMIC INSTITUTE OF ZARAGOZA (IAMZ)**

**APPLICATION FORM**

**to be returned, with a detailed *Curriculum Vitae* and accrediting documents to:**

MEDITERRANEAN AGRONOMIC INSTITUTE OF ZARAGOZA

Avenida de Montañana 1005 - 50059 Zaragoza (Spain)

Tel.: +34 976 716000 - Fax: +34 976 716001 - e-mail: iamz@iamz.ciheam.org

Web: http://www.iamz.ciheam.org

IF YOU FILL IN THIS FORM BY HAND, PLEASE USE CAPITAL LETTERS

**NB: The forms received via e-mail will be considered only as pre-applications. In order to make an application definitive, a detailed *Curriculum Vitae,* together with accrediting documents, is to be sent to IAMZ.**

MASTER IN SUSTAINABLE FISHERIES MANAGEMENT
1st Part

**Alicante (Spain), 15 October 2015 – 15 June 2016**

|  |
| --- |
| Insert your photograph here if possible |

# PERSONAL DATA

Family name:

First name:

Sex:

Date of birth (d/m/y):

Nationality:

Private address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

**EDUCATION** (Attach copy of your degree diploma and a transcript of records)

UNIVERSITY DEGREE:

University:

Years of study: 19\_\_ - 19\_\_

***(Repeat this section as many times as necessary)***

FURTHER DEGREES:

University:

Years of study: 19\_\_ - 19\_\_

***(Repeat this section as many times as necessary)***

TRAINING STAGES:

**EMPLOYMENT OR ACTIVITY**

University/Institution/Firm:

Faculty/Centre/Delegation:

Department/Section:

Present position:

Present post held since (indicate date):

Duties:

Work address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

Web:

Previous employments:

**IF YOU ARE EMPLOYED DESCRIBE YOUR CURRENT PROFESSIONAL ACTIVITY *(Use all the space necessary*)**

**MOST IMPORTANT PUBLICATIONS RELATED TO THE MASTER**

***(Use all the space necessary*)**

**REASONS FOR APPLYING TO THIS MASTER (*Use all the space necessary*)**

**NAME AND ADDRESS OF TWO RESEARCHERS OR PROFESSORS ACQUAINTED WITH YOUR PROFESSIONAL QUALIFICATIONS AND ACTIVITIES (*Use all the space necessary*)**

**LANGUAGE KNOWLEDGE** (answer VG = Very Good, G = Good, F = Fair, N = None)

ENGLISH

Read:

Spoken:

Written:

SPANISH

Read:

Spoken:

Written:

**ADDITIONAL RELEVANT INFORMATION (*Use all the space necessary*)**

**FINANCIAL SUPPORT**

YOUR PARTICIPATION IN THE MASTER WILL BE FINANCED BY (put X where applicable)

The applicant:

Applicant’s business institution:

Another institution (indicate name):

HAVE YOU APPLIED FOR A GRANT TO ANY OTHER ORGANIZATION? (reply Yes or No and indicate the name of the organization):

REQUEST OF GRANT FROM THE ORGANIZERS
*Only candidates from CIHEAM member countries (Albania, Algeria, Egypt, France, Greece, Italy, Lebanon, Malta, Morocco, Portugal, Spain, Tunisia, Turkey) and official candidates from developing countries with cooperation agreements with SGP-MAGRAMA for fisheries training actions*

Do you request a grant for registration fees? (reply Yes or No):

Do you request a grant for accommodation? (reply Yes or No):

Would you participate in the Master without a grant for registration fees? (reply Yes or No):

Would you participate in the Master without a grant for accommodation? (reply Yes or No):

**FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Family name:

First name:

Address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

*I certify that to the best of my knowledge the information given is correct and I agree to inform of any modification*

*Date: Signature:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of the Organic Law 15/1999 of Protection of Personal Data, please be informed that the data you provide will be entered into a file for which the Mediterranean Agronomic Institute of Zaragoza is responsible in order to process your application procedure and to inform you, by mail or e-mail, about future activities on your thematic area of interest. You may exercise your right to gain access to, rectify, cancel and contradict this information by making a Subject Access Request addressed to the Mediterranean Agronomic Institute of Zaragoza, Avenida de Montañana, 1005; 50059 Zaragoza, together with copy of your National Identity Card or equivalent.