

**ANNEX I**  
**APPLICATION FORM**  
**DIPLOMA IN SEISMOLOGY**  
Santiago, Chile, June-August 2020

**OFFICIAL APPLICATION**

*(To be signed and confirmed by the highest authority at the institution)*

**COUNTRY**

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**INSTITUTION NAME TO WHICH THE CANDIDATE BELONGS**

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This organisation recommends this application in accordance with the regulations of the South-South Cooperation Grant Programme, AGCID – Universidad de Chile, according to the call and its corresponding general information. If selected, the candidate is authorised to travel to Chile on the dates determined by the organisers of the Postgraduate Diploma. Upon his/her return, the organisation undertakes to provide the necessary support for an adequate application and transfer of the knowledge received.

Name		Official stamp
Position		
Email		
Date	Signature	

## PART A: INSTITUTION INFORMATION

### 1. Institution profile

#### a) Organisation name

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#### b) Type of organisation

(Place an "x" in the corresponding option)

Government		Academic		Private		International		Others*	
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\*If "other", point out:

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#### c) Organisation mission

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#### d) Link with international cooperation

(Place an "x" in the corresponding option)

Japan		Chile		Other sources		None	
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If there is any form of cooperation, briefly describe the main activities:

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2. Application purpose

- a) Describe the strategic objectives of your institution linked to the DIPLOMA SUBJECT.

- b) Briefly describe how training will support the achievement of the aforementioned objectives.

- c) Briefly describe the specific actions that the institution will develop to achieve and / or complement the aforementioned objectives.

- d) Briefly describe the reason why the candidate has been selected referring to: 1) course requirements, 2) capacity/position or institution responsibility, 3) action plans or other.<sup>1</sup>

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<sup>1</sup> In case of presenting more than one candidate, indicate the order of priority in the entry of documentation to the grant platform.

## PART B: APPLICANT INFORMATION

### 1. Personal information.

Surnames*			
Names			
Nationality			
Date of birth			
Genre	Male		Female
Passport number			
Passport expiration date			
Private address			
City			
Phone contact			
Email contact**			

\*Provide information as shown on your passport.

\*\*All information in case of selection will be sent to this email address. Please give an email that you check constantly.

Person to notify in case of emergency:

Surnames	
Names	
Relation with the applicant	
Private address	
Phone contact	
Email contact	

2. Academic information  
(Only university studies onwards)

Degree obtained	Institution	Country	Period	
			From	To

Other courses and training  
(Only studies related to the subject of the Diploma)

Course	Institution	Country	Period	
			From	To

Have you been a grant beneficiary before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", give details:

Grant	Country where you studied	Programme undertaken

3. Professional information

1) Current position (Position and Institution)

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2) Description of activities

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3) Professional experience

Position* (from the most current to the oldest)	Institution	Country	Period	
			From	To

\*Briefly describe the functions.

## PART C: MEDICAL HISTORY

Mark with an x in the appropriate boxes<sup>2</sup>. In case of presenting any of the health conditions mentioned below, submit a medical certificate.

1. Are you currently using any medication to treat any medical condition?

Yes

Which  
one?

*Medication name and dose*

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No

2. Are you currently pregnant?<sup>3</sup>

Yes

Months

*Specify pregnancy months*

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No

3. Are you allergic to any medication or food?

Yes

No

4. If yes, in question number 3, What type of allergy do you have?

Medicine

Which  
one?

*Medication name*

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Food

Which  
one?

*Food name*

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Others

Which  
one?

*Specify*

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5. Do you have any of the following health conditions:

High pressure Yes  No

Which  
one?

*Observations*

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Diabetes Yes  No

Which  
one?

*Observations*

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Respiratory problems Yes  No

Which  
one?

*Observations*

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Digestive Tract Problems Yes  No

Which  
one?

*Observations*

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<sup>2</sup> To tick the boxes, you must double click with the mouse on the respective box and indicate in "Default Value" the option of "Activate".

**3 Important note:** In the event that an applicant is pregnant and in order to minimise the risk to her health, it is necessary to attach the following documents: (1) Consent Letter to undertake economic and physical risk; (2) Consent Letter from the participant's supervisor; and (3) Agreement Letter with the participation in the International Course, by attending physician.

6. Other conditions and / or pre-existence (Provide relevant information. Specify what kind of information such as food restrictions, allergies, among others).

*Specify other relevant information that the organisation must know for the protection of its well-being.*

I certify that I have read the previous instructions and have faithfully provided the requested information. I understand and accept that an uninformed pre-existing medical condition could, under my responsibility, result in the early termination of my participation in the Diploma.

NAME	DATE	SIGNATURE

### STATEMENT

(To be signed by the applicant)

I declare that I have read the call with all its instructions and corresponding annexes and that the information provided in this form is completely truthful and corresponds to everything which is requested.

Name	Date	Signature

I declare to have oral and written Spanish language skills. \*  
(Only for non-Spanish speaking countries)

Name	Date	Signature

\*Attach supporting document such as accreditation exam if available.