|  |  |
| --- | --- |
|  | **WTO APPLICATION FORM** |
| **REGIONAL WORKSHOP ON THE AGREEMENT ON AGRICULTURE FOR** **CENTRAL AND EASTERN EUROPE, CENTRAL ASIA AND CAUCASUS (CEECAC) COUNTRIES****In English** |
|  **Joint Vienna Institute (Vienna, AUSTRIA), from 29 April to 1 May 2025** |
| **DEADLINE: 24 FEBRUARY 2025**  |

|  |  |
| --- | --- |
| **PART I** | **To be completed by the Applicant in ENGLISH (in CAPITAL LETTERS if handwritten)** |

**MANDATORY: ALL THE INFORMATION ASKED IN THIS SECTION, A PHOTOCOPY OF YOUR PASSPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **□ Mr** | **□ Ms** |  |  |

|  |  |
| --- | --- |
| **Surname** |  |
| **Given name** |  |
| **Birth date *day/month/year*** |  |
| **Nationality** |  |
| **Title/Position** |  |
| **Ministry/ Government entity** |  |
| **City** |  |
| **Country/Separate Customs Territory** |  |
| **Mobile phone n°** |  |
| **Email addresses\*** |  |

**Higher (university) education**

|  |  |  |
| --- | --- | --- |
| When? | Where? | Title of qualification |
|  |  |  |
|  |  |  |

**Work experience**

|  |  |
| --- | --- |
| Brief description of your current responsibilities  |  |
| On which date did you take up your current functions? |  |
| What was your previous post? |  |

**WTO training undertaken**

|  |  |
| --- | --- |
| Have you successfully completed a WTO e-Learning course(s)?If so, which one (with dates)? |  |
| Other WTO course(s) undertaken & dates |  |

**What is the objective that you would like to achieve by participating in this activity?**

|  |
| --- |
|  |

**Additional information about the activity**

|  |
| --- |
| **Background:** **Language skills: This activity will be conducted in English.**  |

|  |  |
| --- | --- |
| **PART II** | **To be completed by the Nominating Authority** |

|  |  |
| --- | --- |
| The Nominating Authority |  |

* Officially nominates:

|  |  |
| --- | --- |
| Name of candidate |  |

**Details of the official responsible for nominating this candidate:**

|  |  |
| --- | --- |
| Surname |  |
| Given Name |  |
| Title/Position |  |
| Organization/Entity |  |
| Telephone |  |
| Email address |  |

**By signing this form, the Candidate and the Nominating Authority certify that all the given information is complete and correct**

|  |  |
| --- | --- |
| **Date & signature (Candidate)** | **Date, signature & STAMP (Nominating Authority)** |

**THIS COMPLETED FORM SHOULD BE SUBMITTED BY YOUR PERMANENT MISSION/EMBASSY,**

**WITH A PDF COPY OF YOUR PASSPORT,**

**TO THE FOLLOWING EMAIL ADDRESS ONLY, AT THE LATEST BY THE DEADLINE:**

**24 FEBRUARY 2025**

**logistics.unit@wto.org**

|  |
| --- |
| **INCOMPLETE/ILLEGIBLE FORMS, OR FORMS NOT PRESENTED BY THE PERMANENT MISSION,****OR PRESENTED BY THE PERMANENT MISSION AFTER THE DEADLINE, WILL NOT BE ACCEPTED** |