Course in Taxonomy and Systematics of African Pollinating Flies

Application form for a scholarship

Instructions:

Complete this form in full and as accurately as possible.

If a question is not relevant, please mention N/A (not applicable)

Answers must be supplemented in English, preferably typewritten or written in block letters with black ink. Illegible applications will not be taken into consideration.

This completed form, a motivation letter, and all necessary documents must be send before 14/08/2021 (midnight CET) to the following email address: callpollinatingflies@africamuseum.be

1. Personal data							
Name (as written in the passport)							
First Names							
Sex		Nationality					
Date of birth (Dd/mm/yy):		Place of birth					
Civil Status (Single, married)							
Profession							
Personal address							
Street				N°		box	
Postal code		District					
City		Country					
Telephone							
Cellular telephone							
Email address							
Postal address (if different from your personal address)							
PO BOX		Postal code					
Country							
Person to be contacted	Person to be contacted in case of emergency						
Name, First name							

Cellular tele	phone								
Email addre	ess								
For non-Tar Passport da		zens ust already have a p	passport	t or hav	e it for the month	of Sep	tember)		
Kind of pass (regular/sea									
Validity per	iod		Passp	ort nº					
2. Language	e skills								
Mother tong	gue								
Other langu	iages								
Estimation (excellent, §									
Estimation (excellent, §									
3. Professio	nal address	S							
Name of ins	stitution								
Title of posi	tion								
Street						N	0	box	
Postal code Dist		trict							
City			ntry						
Telephone									
Email addre									
Name of im superior									
	Telephone and email of immediate superior								
4. Higher ed	ducation (o	nly higher studies	or unive	rsity stu	udies)				
Period from / to Name of studies			Name	of institution + co	ountry		Results		
5. Professio	nal experie	ence (starting with	present	position	າ)				
Period from / to Position (jobtitle) + description of responsabilities Name and address of employ					oloyer				

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Mention on a separate sheet, to be joined to this application form, your publications with the following information : Authors – year – title – publisher – volume – pages.

Also include publications in preparation or in press.

7. Scholarship history						
Duration of the scholarship From / to	Kind of scholarship + country	Granting institution				

8.	Dec	laration	by the	appl	licant
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I hereby declare on my word of honour that this information is correct and complete and that I shall immediately inform the RMCA of any changes in my situation. I agree that any false statement made in this application shall result in the cancellation of my application or of the scholarship.

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Name and signature Date	