



**ETHICS TEACHERS' TRAINING COURSE  
UNESCO REGIONAL OFFICE FOR EASTERN AFRICA  
AND  
UGANDA MARTYRS UNIVERSITY  
KAMPALA, UGANDA  
27 NOVEMBER – 1 DECEMBER 2017**



In virtue and wisdom,

**APPLICATION FORM**

Please fill out and return this form no later than **31<sup>st</sup> October 2017** to the following email address: ([ettc.umu@unesco.org](mailto:ettc.umu@unesco.org); and copy [ar.lamin@unesco.org](mailto:ar.lamin@unesco.org); [d.onyango@unesco.org](mailto:d.onyango@unesco.org))

**1) PERSONAL INFORMATION**

FAMILY NAME (surname): \_\_\_\_\_

FIRST NAME (given name): \_\_\_\_\_

GENDER:  Male  Female

DATE OF BIRTH (day/month/year): \_\_/\_\_/\_\_\_\_

CURRENT NATIONALITY: \_\_\_\_\_

**PERMANENT ADDRESS:**

Street, number: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE (include country code): \_\_\_\_\_

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## 2) ACADEMIC INFORMATION

### ENGLISH LANGUAGE SKILLS:

	Native speaker	Excellent	Good	Fair
Speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### EDUCATION (PLEASE INDICATE THE HIGHER DEGREE OBTAINED):

Date degree received (month/year): \_\_\_/\_\_\_

Name of institution: \_\_\_\_\_

Subject(s) studied: \_\_\_\_\_

Qualifications obtained: \_\_\_\_\_

Title and subject of thesis: \_\_\_\_\_

Other formal studies: \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO PARTICIPATE IN ETTC? IF YES, WHICH LOCATION? \_\_\_\_\_

HAVE YOU PARTICIPATED IN ANY OF THE PAST ETTCs? \_\_\_\_\_

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## 3) PROFESSIONAL EXPERIENCE

### TEACHING EXPERIENCE:

Start date (month/year): \_\_\_/\_\_\_ End date (month/year): \_\_\_/\_\_\_

Name of institution: \_\_\_\_\_

Subject(s) taught: \_\_\_\_\_

Job title: \_\_\_\_\_

### CURRENT UNIVERSITY/INSTITUTION AFFILIATION:

Position: \_\_\_\_\_

**Department:** \_\_\_\_\_

**University:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**REFERENCES – Name two persons who would be willing to give us more information regarding your application**

**Reference 1**

**Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Your relationship to this person:** \_\_\_\_\_

**Reference 2**

**Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Your relationship to this person:** \_\_\_\_\_

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#### **4) MOTIVATION**

**Describe your reasons for wishing to participate in this course (600 words minimum).**