

ETHICS TEACHER TRAINING COURSE
20-24 August, 2012
Baku, Azerbaijan

REGISTRATION FORM

Please Return This Form Before July 13th, 2012 to:

Irakli Khodeli (i.khodeli@unesco.org)
Division of Ethics and Global Change
Sector for Social and Human Sciences
1, rue Miollis, 75732 Paris Cedex 15 France
Tel.: +33 (0) 1 45 68 44 33
Fax: +33 (0) 1 45 68 55 15

1) PERSONAL INFORMATION

FAMILY NAME (surname): _____

FIRST NAME (given name): _____

GENDER: Male Female

PLACE OF BIRTH (city, country): _____

DATE OF BIRTH (dd/mm/yyyy): ___/___/____

CURRENT NATIONALITY: _____

PERMANENT ADDRESS:

Street, number: _____

ZIP code: _____ **City:** _____ **Country:** _____

MAILING ADDRESS (if different from permanent address):

Street, number: _____

ZIP code: _____ **City:** _____ **Country:** _____

E-MAIL ADDRESS: _____

TELEPHONE (include country code): _____

FAX (include country code): _____

2) ACADEMIC INFORMATION

ENGLISH LANGUAGE SKILLS:

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

EDUCATION:

Start date (mm/yyyy): ___/___/___ End date (mm/yyyy): ___/___/___

Name of institution: _____

Subject(s) studied: _____

Qualifications obtained: _____

Title and subject of thesis: _____

Other formal studies: _____

PUBLICATIONS:

--

3) PROFESSIONAL EXPERIENCE

TEACHING EXPERIENCE:

Start date (mm/yyyy): ___/___/___ End date (mm/yyyy): ___/___/___

Name of institution: _____

Subject(s) taught: _____

Job title: _____

CURRENT UNIVERSITY 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: _____

4) MOTIVATION

Describe your reasons for wishing to participate in this course. Use a separate sheet if necessary but do not exceed two pages of text.