# The Graduate Institute Executive Course on City Health Diplomacy

# 27-29 May 2019

# Application Form

# Closing date for applications: 26 April 2019

You can either complete the form and e-mail it to us or return it to the address below. For more information or help on the application, please do not hesitate to contact us.

Postal address:

Global Health Centre

Graduate Institute of International and Development Studies

PO Box 1672

1211 Geneva

Tel: +41 (0)22 908 4562

Email: [globalhealthdiplomacy@graduateinstitute.ch](mailto:globalhealthdiplomacy@graduateinstitute.ch)

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| --- |
| **Section 1: PERSONAL DETAILS** |
| Family Name: |

|  |
| --- |
| First Name: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Male/Female | Date of Birth  Day | Month | Year | Nationality |

|  |
| --- |
| Correspondence Address: |

|  |  |
| --- | --- |
| E-Mail address: | Telephone number: Home  With international code |

|  |  |
| --- | --- |
| Fax number:  With international code | Telephone number: Work  With international code |

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| Status : Indicate your current status / function below (If a full-time student, please indicate your academic institution below) |

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| **SECTION 2: QUALIFICATIONS, GENERAL EDUCATIONAL BACKGROUND AND EMPLOYMENT HISTORY** |

**2.1 Education History** (please list the academic institutions you are attending or have attended and the degrees which you are currently completing or have already completed)

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| --- | --- | --- | --- | --- |
| **University name** | **Degree Type** | **Subject** | **Result** | **Date awarded /expected** |
|  |  |  |  |  |
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**2.2. Employment History** (please list the organisations you have worked for and the positions held).

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| --- | --- | --- |
| **Name of Organisation** | **Position held** | **Dates employed from/to** |
|  |  |  |
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**2.3 Your résumé**

Please enclose a recent copy of your résumé.

**2.4** **English as a Second Language**:

Applicants are expected to be proficient in the use of English, although no certificate is required.

**2.5 Referees:**

Please give details of two persons whom we may contact concerning your application and student/work status. These can be academic and/or professional references.

|  |  |
| --- | --- |
| Name 1: | |
| Institution: | Position: |
| E-mail: |
| Telephone No: |
| Postal Address: | Country: |

|  |  |
| --- | --- |
| Name 2: | |
| Address: | Position: |
| E-mail: |
| Telephone No: |
| Postal Address: | Country: |

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| SECTION 3: MOTIVATION |

**3.1** Have you attended a Graduate Institute Executive course or a Summer Programme course in previous years? YES/NO

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| --- |
| IF YES, please give details |

**3.2** What is your motivation to attend the Executive Course on City Health Diplomacy? Academic/Professional/Personal (15 lines max.)

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**Miscellaneous:**

**Indicate how you came to know the Graduate Institute’s Executive course**

* + Media (Article, Advertisement)
  + Internet (Graduate Institute Website, Google…)
  + Recommendation (Professor, Friend, Professional…)
  + Documentation Graduate Institute (Poster, flyer…)
  + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**: Please tick the following boxes to confirm that you have completed all the questions and included the following with your application

* + Name of two referees
  + Statement of your motivation to attend the Program
  + Copy of a recent résumé
* I declare that the information supplied in this form is true to the best of my knowledge and belief.

Signature:………………………………………………………………………………….

Date:………………………………..

**THANK YOU FOR YOUR APPLICATION!**

Your application will be processed within three weeks of the deadline.For questions regarding the application procedures or any other aspect of the Programme, please visit our website [www.graduateinstitute.ch/executive/ghd](http://www.graduateinstitute.ch/executive/ghd) or contact us by email at [globalhealthdiplomacy@graduateinstitute.ch](mailto:globalhealthdiplomacy@graduateinstitute.ch)