

## APPLICATION FORM

to be returned, with a detailed *Curriculum Vitae* and accrediting documents to:

MEDITERRANEAN AGRONOMIC INSTITUTE OF ZARAGOZA  
Avenida de Montañana 1005 - 50059 Zaragoza (Spain)  
Tel.: +34 976 716000 - Fax: +34 976 716001 - e-mail: iamz@iamz.ciheam.org  
Web: <http://www.iamz.ciheam.org>

IF YOU FILL IN THIS FORM BY HAND, PLEASE USE CAPITAL LETTERS

**NB: The forms received via e-mail will be considered only as pre-applications. In order to make an application definitive, a detailed *Curriculum Vitae*, together with accrediting documents, is to be sent to IAMZ.**

### MASTER IN SUSTAINABLE FISHERIES MANAGEMENT

#### 1<sup>st</sup> Part

Alicante (Spain), 10 October 2017 – 15 June 2018

#### PERSONAL DATA

Family name:  
First name:  
Sex:  
Date of birth (d/m/y):  
Nationality:  
Private address (street, no., floor):  
Town:  
Province:  
Country:  
P.O. Box:  
Post code:  
Tel. (Indicate country and area codes):  
Fax (Indicate country and area codes):  
e-mail:

Insert your  
photograph  
here if  
possible

**EDUCATION** [Attach copy of your degree diploma (or a certificate stating that it is in the process of being issued, or a certificate stating that you are following the last year of studies) and a transcript of records]

#### UNIVERSITY DEGREE:

University:  
Years of study: 19\_\_ - 19\_\_  
(Repeat this section as many times as necessary)

#### FURTHER DEGREES:

University:  
Years of study: 19\_\_ - 19\_\_  
(Repeat this section as many times as necessary)

TRAINING STAGES:

**EMPLOYMENT OR ACTIVITY**

University/Institution/Firm:

Faculty/Centre/Delegation:

Department/Section:

Present position:

Present post held since (indicate date):

Duties:

Work address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

Web:

Previous employments:

**IF YOU ARE EMPLOYED DESCRIBE YOUR CURRENT PROFESSIONAL ACTIVITY**

*(Use all the space necessary)*

**YOUR MOST IMPORTANT PUBLICATIONS RELATED TO THE MASTER**

*(Use all the space necessary)*

**REASONS FOR APPLYING TO THIS MASTER *(Use all the space necessary)***

**NAME AND ADDRESS OF TWO RESEARCHERS OR PROFESSORS ACQUAINTED WITH YOUR PROFESSIONAL QUALIFICATIONS AND ACTIVITIES *(Use all the space necessary)***

**LANGUAGE KNOWLEDGE** (answer VG = Very Good, G = Good, F = Fair, N = None)

**ENGLISH**

Read:

Spoken:

Written:

**SPANISH**

Read:

Spoken:

Written:

**ADDITIONAL RELEVANT INFORMATION** (*Use all the space necessary*)

**FINANCIAL SUPPORT**

YOUR PARTICIPATION IN THE MASTER WILL BE FINANCED BY (put X where applicable)

The applicant:

Applicant's business institution:

Another institution (indicate name):

HAVE YOU APPLIED FOR A GRANT TO ANY OTHER ORGANIZATION? (reply Yes or No and indicate the name of the organization):

**REQUEST OF GRANT FROM THE ORGANIZERS**

*Awarded to candidates from CIHEAM member countries (Albania, Algeria, Egypt, France, Greece, Italy, Lebanon, Malta, Morocco, Portugal, Spain, Tunisia, Turkey). Pending final confirmation, some grants will also be awarded to candidates from GFCM Contracting Parties and Cooperating non-Contracting Parties (Albania, Algeria, Bulgaria, Croatia, Cyprus, Egypt, France, Greece, Israel, Italy, Japan, Lebanon, Libya, Malta, Monaco, Montenegro, Morocco, Romania, Slovenia, Spain, Syria, Tunisia and Turkey; Bosnia and Herzegovina, Georgia and Ukraine)*

Do you request a grant for registration fees? (reply Yes or No):

Do you request a grant for accommodation? (reply Yes or No):

Would you participate in the Master without a grant for registration fees? (reply Yes or No):

Would you participate in the Master without a grant for accommodation? (reply Yes or No):

**FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Family name:

First name:

Address (street, no., floor):

Town:

Province:

Country:

P.O. Box:

Post code:

Tel. (Indicate country and area codes):

Fax (Indicate country and area codes):

e-mail:

*I certify that to the best of my knowledge the information given is correct and I agree to inform of any modification*

*Date:*

*Signature:*

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In accordance with the provisions of the Organic Law 15/1999 of Protection of Personal Data, please be informed that the data you provide will be entered into a file for which the Mediterranean Agronomic Institute of Zaragoza is responsible in order to process your application procedure and to inform you, by mail or e-mail, about future activities on your thematic area of interest. You may exercise your right to gain access to, rectify, cancel and contradict this information by making a Subject Access Request addressed to the Mediterranean Agronomic Institute of Zaragoza, Avenida de Montañana, 1005; 50059 Zaragoza, together with copy of your National Identity Card or equivalent.