



UNITED NATIONS
Office for Outer Space Affairs

United Nations/Croatia Workshop on the Applications of Global Navigation Satellite Systems

Organised jointly by
The United Nations Office for Outer Space Affairs and
the Faculty of Maritime Studies of the University of Rijeka

Co-organized by
International Committee on Global Navigation Satellite Systems

Hosted by
The Faculty of maritime Studies of the University of Rijeka

Baška, Krk Island, Croatia

21 – 25 April 2013

APPLICATION FORM (To be typed in or handwritten in block letters)

DEADLINE FOR SUBMISSION: Friday, 8 February 2013

This form, FULLY COMPLETED, should be submitted by mail to the United Nations Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than Friday, 8 February 2013**. You may wish also to submit this application form through the Office of the Resident Representative of the United Nations Development Programme in your country. To accelerate the processing of your application, you should also fax an advance copy directly to **Ms. Ayoni Oyenyin**, Office for Outer Space Affairs, United Nations Office at Vienna, FAX: +43-1-26060-5830.

We encourage all candidates to apply for the Workshop online, as it helps us to streamline the processing of applications as well as helps applicants to save their time. Please note that on-line application form is available on the UNOOSA web site at the following address:

<http://www.oosa.unvienna.org/oosa/en/SAP/act2013/croatia-gnss/index.html>

I hereby apply to participate in the United Nations/Croatia Workshop on the Applications of Global Navigation Satellite Systems. (Applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form.)

A. PERSONAL DATA

1. Family Name: _____ First Name: _____
2. Sex (Male/Female): _____ 3. Date of Birth: ____/____/____
Day Month Year
4. Nationality: _____
5. Current Title/Position: _____
6. Agency/Organization: _____
7. Principal Functions/Duties: _____

8. Official Postal Address: _____

City: _____ State: _____ Country: _____

9. Phone 1: _____ Fax 1: _____

Phone 2: _____ Fax 2: _____

E-mail: _____

(Please double check your phone/fax numbers and E-mail address, since this will be our principal means to contact you)

10. In case of emergency contact: _____

Postal Address: _____

E-mail: _____ Phone: _____ Fax: _____

B. ACADEMIC AND PROFESSIONAL BACKGROUND (please use additional pages if necessary)

11. Your academic background (degrees, where and when obtained, and a description of your fields of study):

12. Your professional experience relevant to this Workshop:

13. Provide information on the programmes and mandates of your institution that could benefit from your participation in this Workshop including your involvement and responsibility. We are specifically interested in possible projects that might be initiated through your participation in this workshop:

14. Have you previously participated in training courses/workshops/seminars (regional or international) organized by the United Nations or its specialized agencies? Yes () No ()

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:

C. PRESENTATION

15. Workshop Participants have the opportunity to give a presentation on the topics listed in the information note. If you wish to make a presentation at the workshop, please provide below a title for the presentation and attach an abstract with a maximum of 600 words. Please include at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, and E-mail address for the presenting author.

D. HEALTH REQUIREMENTS

16. **Life/major health insurance for each selected participant is the responsibility of his/her institution.**

E. FUNDING

17. ***Funds available to support participants in the Workshop are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses **will be considered on a priority basis.** Thus we strongly encourage you to seek alternative funding to secure your participation. Please indicate below if you are able to pay for your round trip travel and/or living expenses for the duration of the workshop (covered either by your sponsoring agency/organization, or another international, regional or national organization) or if you wish to be considered for funding support.

Living expenses for the duration of the Workshop

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

Round trip travel to Baška, Krk Island, Croatia

I have my own funding and do not wish to be considered for funding support ()

I do not have funding and I do wish to be considered for funding support ()

IMPORTANT: We will only consider your request for funding support if your Application Form is complete, if you have offered to make a presentation and have included an abstract of your proposed presentation, and the signature of the Head of the nomination agency/organization.

18. Applicant's signature:

(Signature of Applicant)

(Place)

(Date)

19. Head of nominating agency/organization (required for processing of application).

(The head of the nominating agency/organization also confirms with their signature that the nominating agency/organization will be able to provide funding for the participation of its nominee to the extent indicated in paragraph E of this application form)

(Signature of Head of nominating
Organisation)

(Place)

(Date)

(Full name and title of Head of nominating agency/organisation/company in print.

Please ensure that you read the statement at item 17 regarding application for funding support)

(Seal of agency/organization)