



Recent picture

#### **APPLICATION FORM**

# to International Courses Specializing in Public Administration (CISAP) to be sent to the Co-operation and Cultural Action Service of the French Embassy

Country:		
Title of training programme requested  Dates of training programme:		
Civil Status	Graduate study	Profession
<b>FAMILY NAME(S)</b> in order of civil status (underline name commonly used):	Total graduate years :	Date of entry into the public service:
	Subject of speciality:	PRESENT FUNCTIONS (name of post ):
Maiden name:  First name(s):	High oat dogwood	DEPARTMENT/UNIT:
Date and place of birth:	Highest degree :	ADMINISTRATION OR ESTABLISHMENT :
Nationality (ies):		TOWN/COUNTRY:
Home address:	1	
Phone: E-I	one : E-Mail :	
Professional address:		
Phone: E-Mail:		Fax:
Previou	is candidacies and training pro	ogrammes
Have you ever applied for an ENA or l If so, which?		
Have you ever participated in an ENA If so, which?		
If so, have you been granted a French	government scholarship?	□ Yes □ No
for administrative and educational management of	students. The recipients of the data are:	the information collected is subject to a data processing the Department of International Relations, the IT and a for statistical purposes. In accordance with French law

#78-17 dated 6.01.78 (CNIL #311,563), you can exercise your right to access or correct information related to you at any time by sending an email to : correspondantcnil@ena.fr. You can also, for legitimate reasons, oppose the processing of personal data.

Ecole Nationale d'Administration - 2, avenue de l'Observatoire - 75272 Paris Cedex 06

#### **Graduate studies**

Total graduate years : 2	<b>3</b>		<b>J</b> 4	☐ 5 and more			
Highest degree (title, subject)	:						
Titles of doctoral thesis and/o	r research studi	ies: :					
List of diplomas or university degrees obtained	Nai	Name and address of establishment			Year of g	Year of graduation	
		Dublic	cations				
Indicate title, name of publish	er or review an			eparate shit of necess	sarv)		
		ou puo irouv	(677 3000	pun ure simi sy meeess	,		
	L	∡anguage (	competencie	S			
Mother tongue:							
Language proficiency:		Spoken			Written	Written	
French	□A	□В	□С	□A	□В	□С	
English	□A	□В	□С	□A	□В	□С	
Other language	□A	□В	□С	□A	□В	□С	
	(	Other peri	ods abroad				
In what countries have you	lived and for w	hat purpos	ses?				
Present functions:	I	Profession	al experience		ng :		
Name of post:		Description of your functions : (Indicate your personal responsibilities)					
Date of entry in theses function	ons :						
Administration or establishm	ent you are wo	rking for :					
Name and title of your immed	diate superior :						

Previous functions	Describe your professional career, indicating the administration or establishment you worked for, your post, dates of service, and the nature of your functions and responsibilities.			
Administration or establi	shment you are working for :	Description of your functions :		
Name of post:				
Dates: from	to			
Administration or establi	shment you are working for:	Description of your functions :		
Name of post :				
Dates: from	to			
	M	otivations		
For what purpose are y	ou participating in this cycle	2?		
( to be better adapted to	your present job, change job,	obtain a promotion? Other aim(s)?)		
	Expectation	ons from the cycle		
Given what you know at	bout this cycle, which particule	ar areas do you wish to focus on ?		
What others subjects rela	ated to the theme of the cycle v	vould you like to study ?		
Note, in order of your priorities, the competencies you hope to acquire during the cycle:				

FINANCING YOUR TRAINING PROGRA	AMME
To cover your expenses during your stay in Paris and training fees, ind	licate wether you will:
□ benefit from a scholarship from the French government	·
benefit from a scholarship from the government of your country	
rely on your personal resources	
benefit from an other kind of scholarship (If so, which one?)	
REQUIRED PAPERWORK	
<b>Official letter of presentation :</b> This document completed and stamped by you review of your application form.	ar employer is a mandatory part of the
IN CASE OF ADMISSION:	
INSURANCE:	
In order to be definitively accepted to the cycle, all candidates must present (individual liability, accident, illness) during their stay in France. Such an insurance	• •
FEES PAYMENT:	
I undertake to send to the Co-operation and Cultural Action Service of the start of training:	French Embassy, a week before the
1: IF I BENEFIT FROM A SCHOLARSHIP FROM THE GOVERNMENT letter signed and the registration form* completed and signed by the funder	Γ OF MY COUNTRY: the admission
<b>2:</b> IF I TAKE OVER MYSELF THE FEES: the admission letter and the resigned and I undertake to pay the amount ( $\in$ 600 or $\in$ 825) in cash on the first day	•
* The French embassy will sent you the registration form along with your admission lett	ter.
<b>Note:</b> Registration is only final if the supporting funding were submitted on time.	
I have read the conditions for admission in CISAP and agree to abide b	by them.
Date: Signature:	
Any inexact or incomplete declaration can lead to a candidate's reject	ion or exclusion from the cycle.
SECTION TO BE FILLED BY THE FRENCH EMBA	SSY (compulsory)
Considering the candidate's functions, the administration which employs himy assessment of the application is:    Very favorable    Favo	
Level of French:	Poor
Is this training in the context of a bilateral cooperation project?   Yes If so, which?	
Is there a French government scholarship possibility in support of this can	didacy?: □ Yes □ No
Reason for decision:	
Date:	
Name and position:	<u></u>
Signature :	Stamp of the

## APPLICATION FORM SPECIALIZED INTERNATIONAL CYCLE IN PUBLIC ADMINISTRATION (CISAP)

### OFFICIAL LETTER OF PRÉSENTATION

This form is to be filled in by the competent administrand attached to the application form:	ration of the government presenting the candidacy,
Le Gouvernement de	
Présente la candidature de M/Mme	
Functions:	
For participation in a CISAP (International Course Spe French School of Administration (ENA) from	ecializing in Public Administration) organised by the
On the theme :	
Certifies that:  a) The specialised training acquired by the above candid administration and to our country. If the candidate is accellis/her competencies in the field in question.  b) All information provided by the candidate is complete.	epted, he/she will be called on to exercise fully
	ES NOT SUPPORT
☐ LIVE EXPENSES DURING TI	HE STAY IN PARIS
Place and date:	
Name of administration or establishment:	
Official stamp (Compulsory):	Signature of the authority responsible for officially presenting the candidate's request:
	Name and position: