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| **UNITED NATIONS** UNITED NATIONS-THE NIPPON FOUNDATION FELLOWSHIP APPLICATION FORM: **2023 PERSONAL HISTORY AND PROPOSED RESEARCH/STUDY PROGRAMME**  **\*\* all fields are obligatory, blank fields will be considered incomplete unless they are not applicable and are marked “n/a”\*\*** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Family Name or Surname (as it **appears in Passport**) First name Middle Initial(s) | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of Birth   *(day/month/year)* | 3. Place of Birth | | | | | | | 4. Nationality | | | | | 5. Marital Status | | | | | | | 6. Gender | | | |
| 7. Residential Address   City:    Telephone No. | | | | | | 8. Professional Address     Telephone No. | | | | | | | | | 9. E-mail: | | | | | | | | |
|  | | | | | |  | | | | | | | | | 10A. Office Telephone No.   10B. Office Fax No. | | | | | | | | |
| 11. Name, telephone number and e-mail of person to be notified in case of emergency: | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Knowledge of Languages: YOUR MOTHER TONGUE IS: | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER LANGUAGES** | | **READ** | | | | | | | **WRITE** | | | **SPEAK** | | | | | | **UNDERSTAND** | | | | | |
|  | | **Easily** | | | **Not Easily** | | | | **Easily** | | **Not Easily** | **Fluently** | | **Not Fluently** | | | | **Easily** | | | | **Not Easily** | |
| **English** | |  | | |  | | | |  | |  |  | |  | | | | |  | |  | |  |
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| 13. Education (University or equivalent) Give full details – Please give exact titles of degrees. | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME, PLACE AND COUNTRY**  **Please give complete address** | | | | **ATTENDED FROM/TO** | | | | | | | **DEGREES and ACADEMIC DISTINCTIONS OBTAINED** | | | | | | | **MAIN COURSE OF STUDY** | | | | | | |
|  | | | | Month/Year | | | | Month/Year | | |  | | | | | | |  | | | | | | |
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| 14. Residence in foreign countries of more then 3 months and in relation to the candidate’s professional or study interests: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | | | | **Country** | | | | | | | | | | | | | **Length of stay** | | | | | | | |
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| 15. List Membership in Professional Societies and Activities in Civic, Public or International Affairs  1.  2.  3. | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. List any Significant Publications You Have Written, Including Full Publication Reference(s) *(Do Not Attach)*  1.  2.  3. | | | | | | | | | | | | | | | | | | | | | | | | |

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| 17. Employment Record: Starting with your present post, it is important to give complete information. For each post give details of your duties and responsibilities. If you need more space, attach additional pages of the same size.  A. Present Post | | | |
| FROM | TO | | EXACT TITLE OF YOUR POST: |
| MONTH/YEAR | MONTH/YEAR | |
| NAME OF EMPLOYER/ORGANIZATION: | | TYPE OF BUSINESS | |
| ADDRESS OF EMPLOYER: | | NAME OF SUPERVISOR | |
| SUPERVISOR CONTACT INFORMATION  E-Mail  Fax # | |
| DESCRIPTION OF YOUR DUTIES (as they relate to ocean affairs and law of the sea or related areas): | | | |
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B. Previous Post

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| FROM | | TO | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | | MONTH/YEAR | |
| NAME OF EMPLOYER: | | | |
| TYPE OF BUSINESS: | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
| SUPERVISOR CONTACT INFORMATION  E-Mail  Fax # | |
| DESCRIPTION OF YOUR DUTIES (as they relate to ocean affairs and law of the sea or related areas): | | | | | |
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| 18. Proposed title of research in law of the sea/ocean affairs or related field: | | | | | |
| 19. Detailed description of proposed research (if necessary, you may attach no more than one additional page of the same size): | | | | | |
| 20. Description of the practical use you will make of the research upon completion of Fellowship in relation to the responsibilities you expect to assume, and the conditions existing in your country in the field of your interests (If necessary, you may attach no more than one additional page of the same size): | | | | | |
| 21. Proposed host institutions for second-phase placement: (\*) (list 3 host institutions in order of preference.)  1.       2.  3.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\*) The Division for Ocean Affairs and the Law of the Sea, Office of Legal Affairs, United Nations, reserves the right to propose alternative host institution(s) if in its judgment the necessary facilities are equally available or more satisfactory elsewhere or if the desired facilities are unavailable at the institution proposed by the candidate. The length of both placements may also be adjusted if in its judgment it deems it appropriate. | | | | | |
| 22A. Earliest date you could start your placement if awarded a Fellowship? (\*)        22B. Are there any period(s) during 2023 during which you are not available? (\*\*) Y  N  22C. If Yes, indicate the nature of the engagement(s) for each period(s).    (\*) Note that the selection process for the Fellowship awards will take place during the 3rd quarter of this year, and Fellows should expect to start their placements in April of next year. However, due to circumstances beyond the Programme’s control, such as, *inter alia*, the obtention of visa(s) by the Fellows. Fellowship placements may start at a different time. In all cases, placements may last 9 months from the actual start date of each Fellow and applicants should ensure that they are free from all other engagements accordingly.  (\*\*) Note that the Fellowship cycle is a maximum of 9 months and candidates must be free of all non-Fellowship obligations during this entire period unless otherwise authorized by the Division for Ocean Affairs and the Law of the Sea, Office of Legal Affairs, United Nations. | | | | | |
| 23A. Do you currently possess, or have you obtained in the past, a visa for any State(s) in which a fellowship host institution is located? Y  N  23B. If yes, indicate which State(s), the nature of the visa, expiry date, and any other relevant information.    23C. Have you ever been denied a visa by any State(s) in which a Fellowship host institution is located? Y  N  23D. If yes, indicate which State(s).  23E. To the best of your knowledge, is there any reason why you may be denied a visa by any State(s) in which a Fellowship host institution is located? Y  N ?  32F. If yes, indicate which State(s).  32G. Expiration date of your passport: | | | | | |
| 25. Give details of any fellowship or scholarships previously awarded to you, or for which you are a candidate. 1.  2.  3. | | | | | |
| 26. Kindly fill out the on-line form available [here](https://forms.office.com/r/NL4yVkhqRL). | | | | | |
| 27. I certify that the statements made by me in reply to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as by the Fellowship Selection Committee, I will accept the Award of the United Nations – The Nippon Foundation Fellowship Programme, and I am ready to begin my Fellowship Programme as soon as I have satisfied the required conditions of the Award, including, *inter alia*, obtaining United Nations Medical Clearance, Host Institution Placement Confirmation, and the Necessary Visa(s). Furthermore, I confirm that I understand and will accept the following obligations with the Award:  (1) To conduct myself at all times in a manner compatible with my responsibilities as the holder of a United Nations Fellowship;  (2) To refrain during the period of the award from engaging in political, commercial and any other activities other than those governed by the fellowship programme;  (3) To not use my office, knowledge or confidential information gained from the Fellowship Programme for private gain, financial or otherwise, or for the private gain of any third party, including family, friends and those I favour. Nor to use the above-mentioned information for personal reasons to prejudice the position of those I do not favour.  (4) To provide all necessary information in a timely manner to the Fellowship Programme and Host Institutions so as to ensure the normal administration of the Fellowship Programme;  (5) To carry out my research and studies in the manner, and within the period, prescribed by the Fellowship Programme;  (6) To comply with the reporting requirements as stipulated by the Fellowship Programme;  (7) To follow travel and payment instructions issued by the United Nations;  (8) To bear the cost of all medical expenses for which the insurance company will not assume specific responsibility; and  (9) To return to my home country at the end of the fellowship. | | | | | |
| DATE  (day, month, year) |  | | SIGNATURE: | |  |
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