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| UNITED NATIONS  **Hamilton Shirley Amerasinghe Fellowship Application Form**  **Personal History and Proposed Research Study Programme** | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS   * Please answer each question clearly and completely, *Type or print in ink.* * Forms should be completed in English. * Each question should be answered clearly and completely. * Detailed answers are required in order to ensure proper evaluation. * Read carefully and follow all directions | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Family name as it appears in passport | | | | | | | | First name | | | | | | Middle Initials | | | | | | | Maiden name | | | |
| 2. Date of birth | Day | | Mo. | | Yr. | | 3. Place of birth | | | | | | 4. Nationality at birth | | | | 5. Present nationality | | | | | | | 6. Sex |
| 7. Height | | 8. Weight | | 9. Marital status: | | | | | | | | | | | | | | | | | | | | |
| Single | | | | | | | Married | | | | Separated | | | Widow(er) | | | | | Divorced | |
| 10. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? | | | | | | | | | | | | | | | | | | | | | | | | |
| YES  NO | | | | | | | | | | | | | | If "yes", please describe. | | | | | | | | | | |
| 11. Permanent address | | | | | | | | | | 12. Present address | | | | | | | | | 13. Office Telephone No. | | | | | |
| Telephone No. | | | | | | | | | | Telephone No. | | | | | | | | | 14. FAX No. if available  Email: | | | | | |
| Email: | | | | | | | | | | Cellular/mobile telephone No. | | | | | | | | |
| 15. KNOWLEDGE OF LANGUAGES. What is your mother tongue ? | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LANGUAGES | | | | | | READ | | | | | | WRITE | | | | SPEAK | | | | | | UNDERSTAND | | |
|  | | | | | | Easily | | | Not easily | | | Easily | | Not Easily | | Fluently | | | | Not fluently | | Easily | | Not Easily |
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| 16. EDUCATION. Give full details - *N.B. Please give exact name of institution and titles of degrees in original language.*  *Please do not translate or equate to other degrees.*  A. University or equivalent: | | | | | | | | | | | | | |
| Name, place and country | | | | Years attended | | | Degrees and academic distinctions | | | | | | Main course of study |
| from | | to |
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| B. Schools or other formal training or education from age 14 (e.g., high school, technical school or apprenticeship) | | | | | | | | | | | | | |
| Name, place and country | | | | Type | | | | Years attended | | Certificates or diplomas obtained | | | |
| from | to |
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| 17. List professional societies and activities in civic, public or international affairs | | | | | | | | | | | | | |
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| 18. List any significant publications you have written (*Do not attach)* | | | | | | | | | | | | | |
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| 19. EMPLOYMENT RECORD: Starting with your present post, list *in reverse order* every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages. | | | | | | | | | | | | | |
| From | To | Salaries per annum | | | | | Exact title of your post: | | | | | | |
| Month/Year | Month/Year | Starting | | | Final | |
| Name of employer: | | | | | | | Type of business: | | | | | | |
| Address of employer: | | | | | | | Name of supervisor: | | | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | |
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| From | To | Salaries per annum | | | | | Exact title of your post: | | | | | | |
| Month/Year | Month/Year | Starting | | | Final | |
| Name of employer: | | | | | | | Type of business: | | | | | | |
| Address of employer: | | | | | | | Name of supervisor: | | | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | |
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| From | To | Salaries per annum | | | | | Exact title of your post: | | | | | | |
| Month/Year | Month/Year | Starting | | | Final | |
| Name of employer: | | | | | | | Type of business: | | | | | | |
| Address of employer: | | | | | | | Name of supervisor: | | | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | |
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| From | To | Salaries per annum | | | | | Exact title of your post: | | | | | | |
| Month/Year | Month/Year | Starting | | | Final | |
| Name of employer: | | | | | | | Type of business: | | | | | | |
| Address of employer: | | | | | | | Name of supervisor: | | | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | |
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| From | To | Salaries per annum | | | | | Exact title of your post: | | | | | | |
| Month/Year | Month/Year | Starting | | | Final | |
| Name of employer: | | | | | | | Type of business: | | | | | | |
| Address of employer: | | | | | | | Name of supervisor: | | | | | | |
| Number and kind of employees supervised by you: | | | | Reason for leaving: | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | |
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| 20. Have you any objections to our making inquiries of your present employer? YES  NO | | | | | | | | | | | | | |
| 21. Are you now, or have you ever been, a permanent civil servant in your government's employ ? YES  NO  If answer is "yes", when ? | | | | | | | | | | | | | |
| 22. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  *Do not repeat names of supervisors listed under item 27* | | | | | | | | | | | | | |
| FULL NAME | | | FULL ADDRESS | | | | | | | | | BUSINESS OR OCCUPATION | |
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| 23. Proposed study in the Law of the Sea or related field during the Fellowship. If necessary, you may attach one additional page. | | | | | | | | | | | | | |
| 24. Description of the practical uses you will make of this research/study on your return home 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 one additional page. | | | | | | | | | | | | | |
| 25.(a) Is there any period that you cannot be available for the Fellowship? If so, give the relevant dates.  \*candidates must be free of all non-Fellowship obligations during the entire Fellowship period  (b) Earliest date you could start if awarded a Fellowship | | | | | | | | | | | | | |
| 26. Give details of all fellowships or scholarships which you now hold, previously awarded to you, either by the United Nations, another intergovernmental organization or public/private institution, or for which you are a candidate. | | | | | | | | | | | | | |
| 27. State any other relevant facts. Include information regarding any residence outside the country of your nationality. | | | | | | | | | | | | | |
| 28. Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?  YES  NO  If "yes", give full particulars of each case in an attached statement. | | | | | | | | | | | | | |
| 29. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge  and belief. I understand that any misrepresentation or material omission made on this Application Form or any other document requested  by the United Nations renders the Fellow liable to have the award revoked.  If selected as a Fellow, I undertake to:   1. Conduct myself at all times in a manner compatible with my status as holder of a United Nations Fellowship; 2. Spend full time during the period of the award in the study programme and internship, as directed by the Participating Institution in the country of study and by the United Nations; 3. Refrain from engaging in political, commercial, or any other activities other than those covered by my work programme; 4. Submit reports in accordance with the arrangements made by the United Nations; and 5. Return to my home country at the end of the Fellowship.   DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts or references or testimonials unless they have been obtained for the sole use of the Organization. | | | | | | | | | | | | | |