



The Malta-Commonwealth Third Country Training Programme

Course application form for

Modern Diplomacy for Small States

Course Dates: 30 September – 9 October, 2015 Application Deadline: 5 August, 2015

Guidance Notes for Completing this Application Form

Parts One, Two & Three should be completed by the Applicant

Part Four should be completed by the Nominating Department / Ministry / Organisation

Questions marked with an asterisk (*) are obligatory

Please complete this form by hand; please write in CAPITAL LETTERS and black ink.

Completed Application Forms

Please scan and send the completed application form by email to:

Programme Coordinator
Sylvana Bugeja
Email address: s.bugeja@diplomacy.edu

Mobile no: 00356 99806858

Institution Fax: 00356 21 315574

Institution Telephone: 00356 21 333323
Institution Fax: 00356 21 315574
Institution Email: s.bugeja@diplomacy.edu

Application Deadline: 5 August, 2015

Application Review & Response:

Applications will be assessed by the Institution Director, DiploFoundation, together with a representative of the Malta Ministry of Foreign

Affairs, in consultation with the Commonwealth

Fund for Technical Co-operation.

Confirmation of acceptance will be sent to successful applicants by 19th August 2015.

Self-Funded applications

Interested persons who do not qualify for sponsorship under the Malta Commonwealth Third Country Training Programme may also apply to participate in this course. They will be charged a fee of €1,500 to cover course participation fees, course materials, field trips, lunches, coffee breaks and the social programme. Any further costs (travel, accommodation etc.) will be the responsibility of the participant.

Those interested in self-funded applications should contact the course coordinator, providing a C.V. and a letter of intent to:

Coordinator: Ms Sylvana Bugeja
Email address: s.bugeja@diplomacy.edu

PART ONE: THE APPLICANT (to be completed by the applicant)

Personal Details:

Please complete the following details as they appear on the passport that you would use to attend the training course.

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*First Name:
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*Family Name:
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*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss.
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.....
Dr. Prof. *Gender:
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*Nationality: *Date
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of Birth: *Passport
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Number:
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*Passport Type (circle as appropriate or complete below): ordinary, official, diplomatic,
temporary, and emergency:
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*Place in which Passport was
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Issued: *Passport Issue Date:
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*Passport Expiry Date:
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Please provide your contact details

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*Primary Email:
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Secondary Email:
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*Primary Telephone Number:
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Secondary Telephone Number:
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Fax Number:
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*Work Address:
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Home Address:
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Please indicate the name and contact details of a person whom we may contact in the event of an emergency relating to you:

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* First Name:

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* Family Name:

.....
*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

.....
Relationship to you:

.....
*Primary Telephone Number:

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Secondary Telephone Number:

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Email:
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Health Status & Special Requirements:

*Are you currently in good health? (Accepted participants will be responsible for any medical expenses they may incur while on the training/workshop):

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yes no
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Dietary requirements: Breakfast and lunch (lunch on course days only) will be provided under the terms of the scholarship at the designated course venue:

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Access requirements: (do you have any mobility requirements, e.g. wheelchair access)

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English Language Skills:

The course will be conducted in English, and all participants are expected to have a good working knowledge of the English language.

*I confirm that I have a good working knowledge (both written and oral) of the English language:

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yes no
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*Position Title:

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*Dates in Position:

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*Department:

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*Organisation:

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*Brief description of your responsibilities: (4 – 6 lines)

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*Position Title:

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*Dates in Position:

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*Department:

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*Organisation:

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*Brief description of your responsibilities: (4 – 6 lines)

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PART THREE: APPLICATION (to be completed by the applicant)

Reason for Application:

Background & Course Objectives:

Specific objectives covered in the programme topics:

- To gain an appreciation of the importance of language in diplomacy
- Practice and improve public-speaking skills
- Understanding what is required to build awareness amongst parliamentarians and diplomats, to improve ones interaction
- Recognise the importance of branding of a nation state and discovering ways in which you can increase your nation's competitiveness through branding
- Explore the strengths and weaknesses involved in using Honorary Consuls
- Considering the scope and thrust of Commonwealth diplomacy
- Experiencing the art of multi-stakeholder negotiations
- Fully appreciate the importance of protocol in diplomatic relations

* How did you hear about this programme?

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*What skills and knowledge do you hope to gain from the programme?

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*Please describe (a) any challenges / problems that you are currently facing in your work and (b) how this course will enable you to address them:

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*In what other ways do you think this training course will benefit you in your current position?

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*Have you attended this course before?

yes no

If yes, please indicate when:

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*If yes, please indicate what the course did not cover before that you hope to gain this time:

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Declaration:

By signing below, I certify that:

- I accept that I will only be awarded a course certificate upon wholly participating and attending the training course.
- I will not over-stay the duration of, or contravene any of the provisions of my visa to Malta.
- The statements made by me in this form are true, complete, and correct to the best of my knowledge.

*Full name:

.....

*Signature:

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*Date:

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PART FOUR (for completion by the Nominating Department / Ministry / Organisation)

Reason for Nomination:

*Please describe why the applicant has been nominated for this course:

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*Please describe what skills / knowledge you would like the applicant to gain from this course:

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Endorsement:

By signing below, I confirm that I endorse the above nominee and that I believe all the statements in this form to be correct.

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*First Name:

.....
*Family Name:

.....
*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss. Dr. Prof.

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*Department / Ministry:

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*Organisation:

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*Signature:

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*Date:

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PART FIVE - (for completion by the Nominating Department / Ministry / Organisation)

What the scholarship will cover:

Nomination and Endorsement:

The MCTCTP scholarship will cover:

- Participant's training course fees
- Accommodation for up to 11 nights; breakfast; lunch (course days only) at the designated course venue; and local transport
- Sponsored applicants will also receive a one-time partial subsistence allowance of €220

No additional costs will be covered by the Government of Malta, the Commonwealth Fund for Technical Cooperation or Islands and Small States Institute, University of Malta.

Participants, their employers, and / or nominating ministries will be responsible any additional costs, including:

- Travel to and from Malta.
- Travel Insurance/Medical Insurance.
- Fees and arrangements for visas to enter Malta.
- Accommodation and living expenses beyond 11 days.

By signing below, I confirm that:

- I have read and accepted the above Terms & Conditions with regard to funding.

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*First Name:

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*Family Name:

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*Title (circle as appropriate or complete below): Mr. Ms. Mrs. Miss.

.....
Dr. Prof. *Position Title:

.....
*Department / Ministry:

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*Signature:

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*Date:

