

ANNEX II

Application Form *

Technical Cooperation by the Government of Türkiye
in cooperation with the Directorate General of Mineral Research and Exploration (MTA) and
Japan International Cooperation Agency (JICA)

Please provide one
and two copies
Please print or type

Application by the Government of

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for a training course in the field of **“Third Country Training
Program on Capacity Building on Exploration and Evaluation of
Mineral Resources for African Countries”**

Recent photo

PART A To be completed by the nominee

1 NAME (as in your Passport)				
Name:		Surname:		
2 ADDRESS FOR CORRESPONDENCE		4 DATE OF BIRTH		5 AGE
Telephone:		Month	Date	Year
3 NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		6 SEX ☐ MALE ☐ FEMALE		
		7 MARITAL STATUS ☐ SINGLE ☐ MARRIED		
		8 NATIONALITY		
		9 RELIGION		
Relationship to you: Telephone:				

10 EDUCATIONAL RECORDS

Institution	City/Country	Years Attended		Qualification Obtained	Subject
		From	To		

*These Forms can be multiplied by photocopy

11 TRAINING OR STUDY IN FOREIGN COUNTRIES (in relation to professional interests)

Institution	City/Country	Period		Certificate/ Degree Awarded	Field of Study
		From	To		

12 EMPLOYMENT RECORD**1) Present Place of Employment**

Name Address Telephone: Fax : e-mail:	Title of Present Job
	Date of Taking Up Post
	Type of Organization ☐ Governmental/Public ☐ Private ☐ International ☐ Others

2) Previous Job

Name and Address of Organization Previous Title/Post and Dates(from/to)	Description of Your Previous Job
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3) Describe briefly the work of your organization and the service it provides

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4) Describe your own job.

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5) Explain how the proposed training will be of benefit to you in the work you will be doing on your return.

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13. LANGUAGE PROFICIENCY

1. English

Listening	☐ excellent	☐ good	☐ fair	☐ poor
Speaking	☐ excellent	☐ good	☐ fair	☐ poor
Writing / Reading	☐ excellent	☐ good	☐ fair	☐ poor

2. Other Languages

(.....)	☐ excellent	☐ good	☐ fair	☐ poor
(.....)	☐ excellent	☐ good	☐ fair	☐ poor
(.....)	☐ excellent	☐ good	☐ fair	☐ poor

14. NOMINEE'S DECLARATION (To be signed by the nominee)

I certify that the statements made by me in this form are true and correct to the best of my knowledge.

If accepted for a training award, I agree:

- (a) not to bring any member of my family.
- (b) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Turkish Government in respect of this course of training.
- (c) to follow the course of study or training, and abide by the rules of the institution or establishments with which I undertake to study or train.
- (d) to refrain from engaging in political activities, or any form of employment for profit or gain.
- (e) to submit any progress report or evaluation questionnaires which may be prescribed.
- (f) to return to my home country at the end of my course of study or training.

I also fully understand that if granted a training award, it may be subsequently withdrawn if I fail to make adequate progress, or for other sufficient cause including physical conditions determined by the Government of Türkiye.

Date: Signature:

PART B (To be completed and signed by a responsible government official)

OFFICIAL NOMINATION

I certify that:

I have examined the documents in this form, and I am satisfied that they are authentic and relate to the nominee

I accordingly nominate this person on behalf of the
Government of

Date: Signature:

Position: Name:

Official
Stamp

Organization:

**MEDICAL HISTORY AND EXAMINATION FOR
MTA--JICA INTERNATIONAL TRAINING PROGRAM**

MEDICAL HISTORY TO BE COMPLETED BY NOMINEE			
1 NAME OF NOMINEE (last name, first name, middle name)			
2 DATE OF BIRTH (mo/day/yr)	3 NATIONALITY	4 SEX ____ male ____ female	5 ADDRESS FOR CONTACT
6 NAME OF TRAINING COURSE/SEMINAR			
7 LENGTH OF TRAINING COURSE/SEMINAR (weeks, months)			

8. IMPORTANT NOTICE

Before you complete the Medical History Questionnaire, you are hereby notified that:

A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by MTA-JICA and may result in termination of your training program

I understand and accept the terms of this notice. _____ Yes _____ No

9. NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN

	YES	NO		EXPLANATION
a.			Have you had any significant or serious illness or injury? (If hospitalized, give place & dates.)	
b.			Have you had any operations or been advised by a physician to have an operation? (Give place & dates.)	
c.			Do you correctly use any drugs for treatment of a medical condition? (Give name & dose.)	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (Give place & dates.)	

10. NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM

DO YOU NOW HAVE OR HAVE YOU EVER HAD THE CONDITIONS LISTED BELOW?

(Check each item, if yes; enclose the relevant condition with a circle.)

	YES	NO	CONDITION
a.			Asthma, emphysema, or other lung conditions
b.			Tuberculosis or living with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gallbladder disease
e.			Kidney or bladder disease, stone or blood in urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abnormal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRUTHFULLY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE.

11. PRINTED NAME OF NOMINEE	12. DATE	13. SIGNATURE OF NOMINEE

ANNEX III

Format of Inception Report

- 1- Name of Country
- 2- Name of Applicant
- 3- Name of Applicant's Organization
- 4- Organization chart (Mark your position in the chart)
- 5- General information related to your organization.
 - Mining sector in your country
 - Place of your organization in the mineral sector
 - The infrastructure of your organization regarding mineral exploration (laboratory equipment, etc.)
 - Future targets of your organization on exploration and evaluation of mineral resources
- 6- Brief information about your duties and activities (as written in the Application Form of 12-4)
- 7- Please write down the matrix below about analysis of your own work. Please note that you are advised not to focus on financial issues but on technical issues, since this training program shall not contribute to improving financial issues.

Problem/Objective Analysis Matrix

	Problems	Possible Solutions	Expectations to the Training
Organization			
Personnel			
Management			
Facility and Lab. situation			
Materials or Equipment			
Legislation			
Relations with other institutions			
Others			