

2020 PIFS-SISAP REGISTRATION FORM

APPLICANT INFORMATION

Name (as it appears on your passport):

Title (Prof/Dr/Mr/Mrs/Ms):

Date of Birth:

Phone:

Current address:

City:

State:

Country:

Nationality:

Tel/Fax:

Email:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

Country:

Position:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

Country:

Relationship:

INFORMATION OF ACCOMPANYING DEPENDENTS (IF APPLICABLE)

The Forum Secretariat will fund the full participation of the SISAP applicant only. All costs associated with any accompanying dependents will be the responsibility of the applicant.

Name:

Date of Birth:

Relationship to Applicant:

Name:

Date of Birth:

Relationship to Applicant:

Name:

Date of Birth:

Relationship to Applicant:

ACCOMMODATION PREFERENCE

*The Forum Secretariat will cover the cost of suitable accommodation for the applicant and accompanying dependents (if any) for the duration of the attachment. **Please tick the box that best conveys your preference for accommodation arrangements.***

I would like the Forum Secretariat to arrange accommodation for me (and my dependents); **or**

I will make my own arrangements in accordance with the entitlements under the SIS Attachment Programme

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AREAS OF WORK AT THE FORUM SECRETARIAT

Please identify at least two areas of work that you would be interested to work in at the Forum Secretariat and briefly explain how working in each area would contribute to the advancement of the SIS Strategy and overall capacity building efforts of your country

Work Area 1:	Explanation:
Work Area 2:	Explanation:
Work Area 3:	Explanation:
Work Area 4:	Explanation:

TRANSPORTATION UPON ARRIVAL IN SUVA

Do you require transportation from Nausori Airport upon arrival? (Please circle one)

YES

NO

APPLICATION ENDORSEMENT

This application form must be signed by (i) the applicant; (ii) the applicant's immediate supervisor; and (iii) the official Forum Focal Point

Signature of Applicant : Printed Name: Designation:	Date:
Signature of Immediate Supervisor : Printed Name: Designation:	Date:
Signature of Official Forum Focal Point : Printed Name: Designation:	Date:

Please email the completed form to the Pacific Islands Forum Secretariat
Smaller Island States Adviser, Ms Tasha Siaosi, tashas@forumsec.org

By 2 December 2019

In order to ensure timely arrangements, late or incomplete applications will not be accepted