



UNITED NATIONS  
Office for Outer Space Affairs

**United Nations/Ecuador Workshop on the  
International Space Weather Initiative**

Hosted by

**Quito Astronomical Observatory of the National Polytechnic School of  
the Republic of Ecuador on behalf of the Government of the Republic of Ecuador**

represented by

**National Secretariat of Higher Education, Science, Technology and Innovation**

Co-organised and/or co-sponsored by

**United Nations Office for Outer Space Affairs (UNOOSA)  
National Aeronautics and Space Administration (NASA), United States of America  
Japan Aerospace Exploration Agency (JAXA), Japan  
International Centre for Space Weather Science and Education, Kyushu University, Japan  
International Committee on Global Navigation Satellite Systems (ICG)  
International Astronomical Union (IAU)  
Committee on Space Research (COSPAR)**

**Quito, Republic of Ecuador**

**8 – 12 October 2012**

**APPLICATION FORM**

**(To be typed in or handwritten in block letters)**

**DEADLINE FOR SUBMISSION: Saturday, 30 June 2012**

This form, FULLY COMPLETED, should be submitted by mail to the United Nations Office for Outer Space Affairs, United Nations Office at Vienna, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria, **no later than Saturday, 30 June 2012**. You may wish also to submit this application form through the Office of the Resident Representative of the United Nations Development Programme in your country. To accelerate the processing of your application, you should also fax an advance copy directly to **Ms. Ayoni Oyenyin**, Office for Outer Space Affairs, United Nations Office at Vienna, FAX: +43-1-26060-5830.

We encourage all candidates to apply for the Workshop online, as it helps us to streamline the processing of applications as well as helps applicants to save their time. Please note that on-line application form is available on the UNOOSA web site at the following address:

**<http://www.oosa.unvienna.org/oosa/en/SAP/act2012/iswi/index.html>**

I hereby apply to participate in the United Nations/Ecuador Workshop on the International Space Weather Initiative (ISWI). (Applicants should be familiar with the objectives and programme topics of the Workshop as described in the Information Note distributed with this application form.)

**A. PERSONAL DATA**

1. Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2. Sex (Male/Female): \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

4. Nationality: \_\_\_\_\_

5. Current Title/Position: \_\_\_\_\_

6. Agency/Organization: \_\_\_\_\_

7. Principal Functions/Duties: \_\_\_\_\_

8. Official Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

9. Phone 1: \_\_\_\_\_ Fax 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Fax 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(Please double check your phone/fax numbers and E-mail address, since this will be our principal means to contact you)**

10. In case of emergency contact: \_\_\_\_\_

Postal Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**B. ACADEMIC AND PROFESSIONAL BACKGROUND (please use additional pages if necessary)**

11. Your academic background (degrees, where and when obtained, and a description of your fields of study):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Your professional experience relevant to this Workshop:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Provide information on the programmes and mandates of your institution that could benefit from your participation in this Workshop including your involvement and responsibility. We are specifically interested in possible projects that might be initiated through your participation in this workshop:

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14. Have you previously participated in training courses/workshops/seminars (regional or international) organized by the United Nations or its specialized agencies? Yes ( ) No ( )

If yes, please indicate the following: title of the meeting(s), location(s), date(s) of attendance and subject(s) covered by the programme:

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**C. PRESENTATION**

15. Workshop Participants have the opportunity to give a presentation on the topics listed in the information note. If you wish to make a presentation at the workshop, please provide below a title for the presentation and attach an abstract with a maximum of 600 words. Please include at the top of the abstract: Paper Title, Author Name(s), Affiliation(s), Mailing Address, and E-mail address for the presenting author.

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**D. HEALTH REQUIREMENTS**

16. **Life/major health insurance for each selected participant is the responsibility of his/her institution.**

**E. FUNDING**

17. ***Funds available to support participants in the Workshop are limited.*** Qualified participants whose nominating agency/organization agrees to fund round-trip travel and/or living expenses **will be considered on a priority basis.** Thus we strongly encourage you to seek alternative funding to secure your participation. Please indicate below if you are able to pay for your round trip travel and/or living expenses for the duration of the workshop (covered either by your sponsoring agency/organization, or another international, regional or national organization) or if you wish to be considered for funding support.

Living expenses for the duration of the Workshop

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

Round trip travel to Quito, Ecuador

I have my own funding and do not wish to be considered for funding support ( )

I do not have funding and I do wish to be considered for funding support ( )

**IMPORTANT: We will only consider your request for funding support if your Application Form is complete, if you have offered to make a presentation and have included an abstract of your proposed presentation, and the signature of the Head of the nomination agency/organization.**

18. Applicant's signature:

\_\_\_\_\_  
(Signature of Applicant) (Place) (Date)

19. Head of nominating agency/organization (required for processing of application).

**(The head of the nominating agency/organization also confirms with their signature that the nominating agency/organization will be able to provide funding for the participation of its nominee to the extent indicated in paragraph E of this application form)**

\_\_\_\_\_  
(Signature of Head of nominating Organisation) (Place) (Date)

\_\_\_\_\_  
(Full name and title of Head of nominating agency/organisation/company in print.

(Please ensure that you read the statement at item 17 regarding application for funding support)

\_\_\_\_\_  
(Seal of agency/organization)