



ANNEX I
APPLICATION FORM
DIPLOMA IN PUBLIC MANAGEMENT
August - December 2023 edition.

OFFICIAL APPLICATION

(To be signed and confirmed by the highest authority of the institution)

COUNTRY

NAME OF THE INSTITUTION THE CANDIDATE BELONGS TO

This organization recommends the current application in agreement with the regulations of the Scholarship Program by Cooperation South - South, AGCID - University of Chile, according to the announcement and its corresponding general information. In case of being selected, the candidate is authorized to participate and spend part of their working time on the dates determined by the executors of the Postgraduate Diploma. Concluding the academic Program, the organization commits to give the necessary support for an adequate implementation and transfer of the received knowledge.

Name		Official stamp
Occupation/Position		
Email Address		
Date	Signature	

PART A: INFORMATION IF THE INSTITUTION

1. Profile of the institution

a) Name of the organization

b) Type of organization
(mark an "x" in the corresponding choice)

Governmental 		Academic		Private		International 		Other*	
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*In case of "other", indicate:

c) Mission of the organization

2. Objective of the postulation

- a) Describe the strategic objectives of your institution bound to the THEME OF THE DIPLOMA

- b) Briefly describe how the training will support the achievement of the objectives previously mentioned.

- c) Briefly describe the concrete actions the institution will develop to achieve and/or complement the objectives previously mentioned.

- d) Briefly describe the reasons why the candidate has been selected referencing the following: 1) the course requirements, 2) position in the institution, 3) action plans or others¹.

¹ En caso de presentar a más de un candidato, indicar el orden de prioridad en el ingreso de la documentación a la plataforma de becas.

PART B: INFORMATION OF THE APPLICANT

1. Personal information.

Last Name*			
First Names			
Nationality			
Date of birth			
Gender	Male		Female
Passport number			
Date of expiry of passport			
Private address			
City			
Telephone Number			
Email address**			

*Put in the information as it appears on the passport

**All the information in case of selection will be sent to this email address. Please put an email that you check regularly.

2. Academic information
(University studies and forward only)

Degree obtained	Institution	Country	Dates attended	
			From	To

Other courses and trainings
(Studies related to the theme of the Diploma only)

Course	Institution	Country	Dates attended	
			From	To

¿Have you been a scholarship recipient previously?

Yes _____ No _____

In case of answering "yes", indicate:

Scholarship	Country where studies were held	Studied Program

3. Professional information

1) Current Occupation (Position and institution)

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2) Functions description

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3) Professional Experience

Occupation* (recent to oldest)	Institution	Country	Dates attended	
			From	To

*Briefly describe the functions.

STATEMENT

(to be signed by the applicant)

I declare to have read the announcement with all its instructions and pertinent annexes, and the information presented in the current form is completely true and corresponds to the solicited.

Name	Date	Signature

I declare to have oral and written comprehension of the English language

Name	Date	Signature

I declare the commitment of attending the classes of the Diploma, meet the minimum attendance required and complete the practical workshops to be developed during the program.

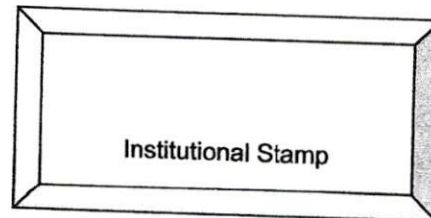
Name	Date	Signature

ANNEX II
WORK CERTIFICATE

The undersigned certifies that Mr./Mrs _____, Identification Number _____, is currently working at the institution _____, in the specific functions that are detailed below, during the time indicated..

FUNCTION (indicate in detail the responsibilities exercised during the period and in the event that personnel had been in charge, indicate the amount of collaborators)	From month/day/year	To month/day/year

In case of being selected by the AGCID – University of Chile South - South Cooperation Scholarship Program, the candidate is authorized to participate and dedicate part of their working day on the dates determined by the organizers of the Diploma. At the end of the academic program, the institution undertakes to provide the necessary support for an adequate application and transfer of the knowledge received.



 (Signature)
SUPERVISOR'S NAME
 Identification Number
 (Position)
 Institution
 Contact Phone Number

Place, date _____

**ANNEX III
APPLICANT LETTER OF COMMITMENT
South – South Cooperation Scholarship Program
AGCID - University of Chile**

As an applicant for the VII Diploma in Public Management, to be carried out by the University of Chile:

I _____
Name of the applicant

FROM _____
Country of origin

I declare that all the information presented is true, correct and complete and in case of obtaining the scholarship, I promise to respect the following rules:

- a) Rigorously comply with the Diploma Program.
- b) Accept all the conditions stipulated in relation to the Diploma.
- c) Respect the instructions given during the diploma.
- d) Do not interrupt the Diploma except in the case of a serious illness that determines the inability to continue the training.
- e) Carry out knowledge transfer activities and implement my project at the end of the academic program for the completion of the Diploma.
- f) In case of desisting from participating in the Diploma, once selected, notify the AGCID Point of Contact at least 5 days before the start of the Course and indicate the reasons of force majeure that oblige that decision.

At _____, on _____, _____.
(Place) (Month) (Day) (Year)

Signature of the applicant