ANNEX I
APPLICATION FORM INSTRUCTIONS

1. Applications to the International Course and the scholarship provided by the Kizuna II Project are to be made through each invited country's corresponding Focal Point. The Focal Points will officially process and make a pre-selection of candidates prior to submitting the applications to AGCID.

2. Once you have completed the forms, please send the Application Form together with the Annexes to the Focal Point in your country (see Annex VI).

3. The deadline for the receipt of applications from invited countries by AGCID is 11 July 2025, without exception.

Important:

1. Each applicant must be sponsored by their institution and have the corresponding signatures and stamps as required in the Application Form. The sponsoring institution will validate the applicant and endorse his/her application, and will ensure the applicant has all permissions necessary to participate in the online academic activities and to be absent from work during synchronous (live) activities.

2. No incomplete, illegible, or late applications will be considered. Application forms should be completed digitally.

Any doubts or queries may be addressed to:

Agencia Chilena de Cooperación Internacional para el Desarrollo – AGCID
agencia@agcid.gob.cl
+56 22 827 5700
Office hours:
9:00 am to 6:00 pm (Chilean time)

1. BACKGROUND INFORMATION

1.1. Personal Information

Paternal surname

Maternal surname

Name(s)

Nationality

Current country of residence

National ID No.

Sex ☐ Female ☐ Male

Date of birth *(dd/mm/yy)* ☐ Age

Civil Status

Are you responsible for the care/custody of children or dependents? ☐ Yes ☐ No

Applicant`s Gender ☐ Female ☐ Male ☐ Other ☐ Preferred form of address?

1.2. Applicant Contact Information

Work address

City and country

Work phone: *(Include country and city area codes)*

Personal phone: *(Include country and city area codes)*

Mobile phone: *(Include country and city area codes)*

Work email:

** Please indicate an email address that you check regularly*

Personal email:

** Please indicate an email address that you check regularly*

1.3. Person to be notified in case of emergency

Last Name(s)

Name(s)

Relationship to applicant

Home address

Contact phone number *(Include country and city area codes)*

Email

2. EDUCATIONAL BACKGROUND

2.1. Vocational / Technical Training

Professional / Technical Degree	
Name of University / Educational Institution	
Start date	*(dd/mm/yy)*
End date	*(dd/mm/yy)*
Date of graduation	*(dd/mm/yy)*

2.2. Postgraduate, Courses and training

Postgraduate / Diploma / Course	Institution / Country	Dates (Start and end date)	Duration
		Start (dd/mm/yy) *End (dd/mm/yy)*	
		Start (dd/mm/yy) *End (dd/mm/yy)*	
		Start (dd/mm/yy) *End (dd/mm/yy)*	
		Start (dd/mm/yy) *End (dd/mm/yy)*	

Are you a previous recipient of an international scholarship for training? ☐ No ☐ Yes ☐ Which scholarship?

3. EMPLOYMENT HISTORY

3.1. Current employment information

Current position	
Institution	
Type of institution	☐ Public ☐ Private ☐ Civil society ☐ Other
Date of entry into current position	
Description of duties	*(Include your responsibilities, such as: Work unit, number of people you supervise, annual targets, etc.)*

3.2. Professional experience

(List all previous jobs relevant to this application, beginning with the most recent)

Position	Institution / Country	Start date	End date
		dd/mm/yy	dd/mm/yy
		dd/mm/yy	dd/mm/yy
		dd/mm/yy	dd/mm/yy
		dd/mm/yy	dd/mm/yy

4. DECLARATION AND RELIABILITY OF INFORMATION

4.1 Declaration of fluency in Spanish/English

(for non-Spanish speaking countries only).

I, the undersigned, declare I have good command of Spanish or English, spoken and written. I am aware the International Course will be taught entirely in Spanish and will be simultaneously translated into English for those who require it.

Applicant Name	Signature	Date
		dd/mm/yy

4.2 Authorization to use image

I authorize AGCID to take photographs and/or make films and/or recordings that involve my personal image, to be used free of charge, in its original format, edited, or adapted, for the internal and external promotion and advertising purposes of AGCID and the Kizuna II Project, and for any program, website, electronic publication, social networks and/or posters that contribute to making visible the international cooperation that Chile carries out to support the development of other countries.

Yes, I authorize ☐ I do not authorize ☐

4.3 Sworn Declaration

I, the undersigned, declare that all the information submitted in this application for the Call for Scholarship Applications for the Kizuna II Project to participate in the International Course is true, accurate and complete, and I authorise its verification if required.

I declare I am aware of the characteristics and orientation of the chosen study programme, as well as the competences required of the participants to perform adequately. Likewise, I agree to accept the terms and conditions set forth in the Call for Applications for the Kizuna Project as included in this Application Form.

Applicant Name	Signature	Date
		dd/mm/yy

5. INSTITUTIONAL SPONSORSHIP

I, the undersigned, certify the person applying for the Kizuna II Scholarship Programme and the “International Course Volcanology: Processes, Threat and Mitigation in the Context of Crisis” is employed by this institution and that his/her participation in this academic activity is recommended by this organisation. If selected, the applicant is authorised to participate in the international course and dedicate part of their working day to it, and is also authorised to attend the synchronous portions of the activities. Upon completion of the academic programme, the organisation undertakes to provide the support necessary for the proper application and transfer of the knowledge received, and to implement the Action Plan.

			dd/mm/yy
Name of Sponsor and Position	**Email**	**Signature and Stamp**	**Date**