|  |
| --- |
| FELLOWSHIP APPLICATION FORMFor the GRÓ GEST post-graduate diploma in international gender studies at the University of Iceland, January – May 2021 |
|  |
| Applicant Information |
| Surname(s)/Family name(s) in full:  | Insert your portrait picture here. |
| Forname(s) (given names) in full: |  |
| Name you prefer to be called: |  |
| Nationality (including dual nationality): |  |
| Country of current residence: |  |
| Country of permanent residence: |  |
| Date of birth (format: day/month/year): | Age: |  |
| Gender: |  |
| Contact Information |
| Telephone (personal mobile): (country code)-(area code)-number |
| Telephone (home landline): (country code)-(area code)-number |
| Telephone (work): (country code)-(area code)-number |
| Whatsapp number: (country code)-(area code)-number |
| Preferred E-mail for communication: |
| Alternate E-mail: |
| ***Please include a scan of your passport’s bio information page*** |
| Permanent home address |
| Address line 1: |
| Address line 2: (please add lines if needed) |
| City/Town, District, Postal Code: (as applicable) |
| Country: |
| Can you receive mail at this address? yes/no | Is this your preferred mailing address? yes/no |
| CURRENT RESIDENCE (iF OTHER than permanent home) |
| Address line 1: |
| Address line 2: (please add lines if needed) |
| City/Town, District, Postal Code: (as applicable) |
| Country: |
| Until what date is this address valid? |
| Can you receive mail at this address? yes/no | Is this your preferred mailing address? yes/no |
| Preferred mailing address (if other than noted above) |
| Organization or c/o name: (if applicable) |
| Address line 1: |
| Address line 2: (please add lines if needed) |
| City/Town, District, Postal Code: (as applicable) |
| Country: |
|  |
| emergency contact |
| Name: |
| Relationship to you: |
| Address line 1: |
| Address line 2: (please add lines if needed) |
| City/Town, District, Postal Code: (as applicable) |
| Country: |
| E-mail: |
| Telephone: |
|  |
| NAME OF the organization/institute that nominated you |
| Name of the organization: |
| Contact person in the organization: |
| Telephone: |
| E-mail: |
| Organization website: |
| Do you currently work for this organization? |
|  |
| educational qualifications (start with the most recent) |
| Educational institution (name and city): |
| Start date (year): | End date (month & year): | Graduated? yes/no |
| Field of study: |
| Degree: |
|  |
| Educational institution (name and city):  |
| Start date (year): | End date (month & year): | Graduated? yes/no |
| Field of study: |
| Degree: |
|  |
| Educational institution (name and city): |
| Start date (year): | End date (month & year): | Graduated? yes/no |
| Field of study: |
| Degree: |
|  |
| Educational institution (name and city): |
| Start date (year): | End date (month & year): | Graduated? yes/no |
| Field of study: |
| Degree: |
| ***Please include scanned copies of your university transcripts and diplomas*** |
|  |
| **LANGUAGES** |
| Languages (add as needed) | Read | Write | Speak |
|  | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| English |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |
| **CAREER EXPERIENCES (FOR EACH POST, GIVE DETAILS OF YOUR DUTIES AND RESPONSIBILITIES STARTING WITH PRESENT OR MOST RECENT)** |
| **Current** professional position: |
| Since: | Are you emplyed full time? |
| Name of organization which employs you: |
| Organization’s address: |
| Organization’s website: (if available) |
| Type of organization: |
| Name of supervisor: |
| Short description of various aspects of your work (if not employed full time, please explain here): |
| Previous employment: |
| Position: | Years of service |
|  | From:To: |
| Name of organization: |
| Organization’s address: |
| Organization’s website: (if available) |
| Type of organization: |
| Name of supervisor: |
| Short description of various aspects of your work: |
|  |
| Position: | Years of service |
|  | From:To: |
| Name of organization: |
| Organization’s address: |
| Organization’s website: (if available) |
| Type of organization: |
| Name of supervisor: |
| Short description of various aspects of your work: |
|  |
| Position: | Years of service |
|  | From:To: |
| Name of organization: |
| Organization’s address: |
| Organization’s website: (if available) |
| Type of organization: |
| Name of supervisor: |
| Short description of various aspects of your work: |
|  |
| Position: | Years of service |
|  | From:To: |
| Name of organization: |
| Organization’s address: |
| Organization’s website: (if available) |
| Type of organization: |
| Name of supervisor: |
| Short description of various aspects of your work: |
|  |
| **VOLUNTEERING, COMMUNITY SERVICE, ASSOCIATIONS** |
| Please tell us about any community service you have engaged in, organizations where you have volunteered or charitable associations of which you are a member. Give the organization’s or association’s name and main focus area, and describe your work with the organization, association, or community: |
|  |
|  |
| **PUBLICATIONS AND OTHER PRACTICAL ACCOMPLISHMENTS** |
|  |
|  |
| **PREVIOUS FELLOWSHIPS, SCHOLARSHIPS OR GRANTS FOR STUDIES (DATE, SOURCE, PLACE AND SUBJECT)** |
|  |
|  |
| **IF AWARDED A GEST FELLOWSHIP GRANT, WOULD YOU BE AVAILABLE FOR ATTENDING THE GEST PROGRAMME IN ICELAND FROM JANUARY THROUGH MAY 2021?** |
|  |
|  |
| **APPLICATION ESSAY** |
| In the box below, please write a short essay in English (not exceeding one page, about 250-500 words) answering the following questions:1. Why do you wish to participate in the GEST programme?
2. How do you think such participation would benefit you professionally?
 |
|  |
| ***Submit this form, along with the required attachments, to gest@hi.is*** |