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| FELLOWSHIP APPLICATION FORMFor the GRÓ GEST post-graduate diploma in international gender studies at the University of Iceland, January – May 2021 | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | |
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| Educational institution (name and city): | | | | | | | | | | | | | | | | | | | |
| Start date (year): | | | | End date (month & year): | | | | | | | | | | | | Graduated? yes/no | | | |
| Field of study: | | | | | | | | | | | | | | | | | | | |
| Degree: | | | | | | | | | | | | | | | | | | | |
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| Educational institution (name and city): | | | | | | | | | | | | | | | | | | | |
| Start date (year): | | | | End date (month & year): | | | | | | | | | | | | Graduated? yes/no | | | |
| Field of study: | | | | | | | | | | | | | | | | | | | |
| Degree: | | | | | | | | | | | | | | | | | | | |
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| 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 |  |  |  | | |  | | |  | | |  | |  | | |  |  | |
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| **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: | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | | |
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| **PUBLICATIONS AND OTHER PRACTICAL ACCOMPLISHMENTS** | | | | | | | | | | | | | | | | | | | |
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| **PREVIOUS FELLOWSHIPS, SCHOLARSHIPS OR GRANTS FOR STUDIES (DATE, SOURCE, PLACE AND SUBJECT)** | | | | | | | | | | | | | | | | | | | |
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| **IF AWARDED A GEST FELLOWSHIP GRANT, WOULD YOU BE AVAILABLE FOR ATTENDING THE GEST PROGRAMME IN ICELAND FROM JANUARY THROUGH MAY 2021?** | | | | | | | | | | | | | | | | | | | |
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| **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*** | | | | | | | | | | | | | | | | | | | |