**APPLICATION FORM**

**PHOTO**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** |  | **MALE** |  |
| **FIRST NAME(S)** |  | **FEMALE** |  |
| **DATE AND PLACE OF BIRTH** |  |  |  |  |
|  | *day* | *month* | *year* | *place of birth* |

|  |
| --- |
| I HEREBY APPLY FOR ADMISSION TO THE PROGRAM “INTERNATIONAL RELATIONS AND EUROPEAN INTEGRATION” AT THE ESTONIAN SCHOOL OF DIPLOMACY |
|  |
| *SIGNATURE or NAME* |

# PASSPORT or ID DOCUMENT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of document** | **No** | **Issued by** | Date of issue | Date of expiry |
|  |  |  |  |  |
| **Personal identification number** (if available) | **Citizenship** |
|  |  |
| **I HAVE A DIPLOMATIC PASSPORT VALID UNTIL THE END OF THE ACADEMIC YEAR** (applicable only to scholarship applicant) | **Yes** | **No** |
|  |  |

# CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **City** | **County** | **Postal code** |
|  |  |  |  |
| **Street name** | **House No** | **Flat No** | **E-mail**  |
|  |  |  |  |
| **Tel/Mobile** | **SKYPE username** |
|  |  |

# HIGHER EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| Year of graduation | Name of institution | Specialty | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# RELEVANT TRAINING COURSES

|  |  |  |
| --- | --- | --- |
| **Time** | Name of the course | Institution |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# WORK EXPERIENCE DURING LAST FIVE YEARS

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | Organisation | Position | Location (country only) |
| Current position (since):  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FOREIGN LANGUAGES**

Name the languages and proficiency using the scale: 5- Excellent, 4-Very good, 3-Good, 2-Sufficient, 1-Poor.

|  |  |  |
| --- | --- | --- |
| Name of language | Spoken | Written |
|  | 1 2 3 4 5 | 1 2 3 4 5 |
|  | 1 2 3 4 5 | 1 2 3 4 5 |
|  | 1 2 3 4 5 | 1 2 3 4 5 |
|  | 1 2 3 4 5 | 1 2 3 4 5 |
|  | 1 2 3 4 5 | 1 2 3 4 5 |

**ADDITIONAL INFORMATION** (hobbies, community activities, articles etc):

|  |
| --- |
|  |

|  |
| --- |
| I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE |
|  |  |
| *DATE* | *SIGNATURE or NAME* |

**I got information about the study program from** (please tick the appropriate box):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Printed Media** |  | **ESD homepage** |  | **Facebook** |  | **Twitter** |  |
| **Friends, acquaintances** |  | **Alumni member(s)** |  | **School personnel** |  | **Other (specify)** |  |