

IMF Institute—JVI Course Application Form

Course No.	Course Name	Application Closing Date
First Name		Middle Name
Family Name		
Date of Birth (month/day/year)	Birth County	Birth City
Nationality		
<input type="checkbox"/> Male		<input type="checkbox"/> Female
<input type="checkbox"/> Single		<input type="checkbox"/> Married

CURRENT JOB INFORMATION

Job Title	Agency Country
Section/Division	Applicant's Work Phone
Department	Applicant's Work Fax
Agency Name	Applicant's Home Phone
Agency Street Address	Alternative Fax Number
Agency City and Postal Code	Applicant's E-Mail Address

Summarize your duties as they relate to the subject of the course in the space below. Please note that the application will not be processed without adequate description of current duties. **IMPORTANT:** Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. Please confine your description to this space.

Summary of Job duties:

PRIOR WORK EXPERIENCE

Previous Job Titles		
Name of Agency		
Dates Employed	From: To:	From: To:

LANGUAGE SKILLS

Which of the following languages do you read, write, and speak very well: Arabic French English Spanish Russian

Score of Test of English as a Foreign Language (TOEFL), and year taken (See instructions in the Program Brochure):

EDUCATION

Degrees/Diplomas Received		
Major Subjects		
Dates Attended	From: To:	From: To:
Institution/University		
Country of Institution		
Language of Instruction		

IMF Institute Staff Reference Only:

Date: _____ Applicant's Signature: _____

IMF Institute—JVI Sponsor's Nomination and Certification Form

Sponsor's First Name	Sponsor's Middle Name	Sponsor's Family Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Sponsor's Nationality	
Sponsor's Job Title	Agency Country	
Section/Division	Agency Phone	
Department	Agency Fax	
Agency Name	Agency Alternative Fax	
Agency Street Address	Agency E-Mail Address	
Agency City and Postal Code	Agency Web Address	

I, the undersigned, acting on behalf of the above named agency where the applicant is employed, hereby sponsor the following applicant, and certify the information below.

Name of Applicant _____

Course Name _____ Course Number _____

to be given at the Joint Vienna Institute on (course date) _____

1. The information supplied by the applicant on the preceding page is correct.
2. The applicant, if accepted as a participant in the course, will receive a leave of absence with regular pay for the duration of the course and, on return, will resume his or her current duties, or assume a new position.
3. The applicant, if accepted, will be given no other duties or assignments during the period of the course.
4. The participant or the participant's sponsoring agency will be responsible for purchasing the participant's round-trip air ticket to Vienna, Austria and for making all travel arrangements. Participants will be reimbursed a fixed amount for their tickets and travel expenses upon arrival in Austria, and no additional amounts will be paid thereafter.
5. In case of the withdrawal of a confirmed participant after the IMF has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the IMF. The sponsoring agency will be responsible for the costs of the participant's repatriation, if any health problems or other circumstances arising during his/her participation in the course should render repatriation necessary.
6. If the applicant is accepted, he/she will take a comprehensive medical examination immediately before departure to attend the course to ensure that he/she is in good health, free from any contagious disease, and free from any pre-existing medical condition or disability that could impair his or her full participation in the course.
7. The IMF will be reimbursed promptly by the sponsoring agency for all medical expenses that the IMF incurs as a result of any of the conditions mentioned above, as well as for any medical expenses incurred by a participant, which are not covered by the IMF's medical insurance policy, including pregnancy-related expenses.



Agency Seal

Date: _____ Certifying Sponsor's Signature: _____

Completed form should be sent to:
 Chief, Training Operations Division
 IMF Institute MSC HQ2-4-003
 Washington, D.C. 20431
 Fax: (202) 623-6490