



Application for South Australian Rajasthan Water Management Fellowship

Please ensure that all relevant sections are completed and the requested documentation is attached to your application. One (1) copy of the application documentation should be submitted. Applications received without all the required documentation, will not be considered. ICE WaRM accepts no responsibility for incomplete or illegible applications.

Closing Date Friday December 16th 2016

Personal Details (for Fellowship Candidate)

Title: Mr Mrs Miss Ms Dr Other _____

As appears on passport:

Family Name: _____

Given Name(s): _____

Preferred Name: _____

Male Female Date of birth ____/____/____ (dd/mm/yyyy)

Country of Birth: _____

Citizenship: _____

Address for correspondence

Street Address: _____

Suburb/City: _____ Country: _____

State: _____ Post/Zip Code: _____

Permanent home address (if different from above)

Street Address: _____

Suburb/City: _____ Country: _____

State: _____ Post/Zip Code: _____

Other Contact Details

Email Address: _____

Home telephone number: _____

Work telephone number: _____

Facsimile number: _____ Mobile number: _____



Home and Host Institution / Organisation Details

Please complete the following details for your home and host institution / organisation.

Home Institution / Organisation Details

Please attach a letter of support from your home institution / organisation (including approval for the candidate to take leave) signed by Head of School, Supervisor or Manager.

Employer: _____
Address: _____

Suburb/City: _____
State: _____ Post/Zip Code: _____
Country: _____
Contact: _____
Telephone Number: _____
Facsimile Number: _____
Contact Email: _____

Employment Status: **Full-time** **Part-time** **Contract**

Other (please specify) _____

Position Held: _____

Host Institution / Organisation Details

Please attach the Memorandum of Agreement from the host institution / organisation.

Name: _____
Address: _____

Suburb/City: _____
State: _____ Post/Zip Code: _____
Contact: _____
Telephone Number: _____
Facsimile Number: _____
Contact Email: _____



Fellowship Details

Duration of Visit:

(May range from 5 to 13 weeks)

Commencement Date:

Anticipated Completion Date:

(Note your report is due within 4 weeks of this date)

Language Fluency

Do you have a level of language fluency that will enable you to effectively communicate within the host institutions work environment and in public presentations organised by the host institution (if relevant)?

Yes No

Comments: _____



Written Submission

Please write a maximum of 350 words stating the reasons you wish to undertake the Fellowship, including:

- The activities through which you propose to collaborate with others on your fellowship, and
- How your Fellowship will contribute to collaboration between South Australia and the state of Rajasthan.



Referees

Please provide the contact details for your two referees. Please attach a one-page reference from each referee, supporting your application.

Referee 1

Title: Mr Mrs Miss Ms Dr Other _____

As appears on passport

Family Name:

Given Name(s):

Position:

Institution/Organisation

Telephone number:

Facsimile number:

Email address:

Referee 2

Title: Mr Mrs Miss Ms Dr Other _____

As appears on passport

Family Name:

Given Name(s):

Position:

Institution/Organisation

Telephone number:

Facsimile number:

Email address:



Applicants Declaration

I certify that the information I have provided on this application form is true, complete and correct. I am aware that providing false or misleading information may affect any offer of award that is made to me.

I fully understand that if I am granted a Fellowship, it may be subsequently withdrawn if sufficient cause is determined by ICE WaRM or the home or host institution.

Printed name

Signature of applicant

Date