# Application Form:  ***Urban Resilience Intensive Training 2022***

*13-24 June 2022, Copenhagen (Denmark)*

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| ***1.Applicant information*** |
| *Full name:* |       |
| *Nationality:* |       |
| *Country of residence:* |       |
| *Address (incl. city and post code):* |       |
| *Telephone/fax:* |       |
| *E-mail address:* |       |
| *Date of birth:* |       |
| *Gender:* |       |

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| ***2.Occupation*** |
| *Name of current organisation:* |       |
| *Country:* |       |
| *Position/Title:* |       |
| *Type of organisation[[1]](#footnote-1):* |       |
| *Years of working experience:* |       |
| *Sector[[2]](#footnote-2):* |       |
| *Professional profile[[3]](#footnote-3):* |       |
| *E-mail address:* |       |

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| ***3. Expertise and cross-cutting competencies*** |
| *Select one or multiple technical expertise and competencies by setting x.* |
| Water |       | Energy |       |
| Environment |       | Climate Adaptation  |       |
| Building and construction |       | Climate Mitigation |       |
| Urban Development |       | Disaster Risk Reduction |       |
| Waste  |       | Policy and governance |       |
| Transport |       | Training and Capacity Building |       |
| Participation and society |       | Monitoring and Evaluation |       |
| Economy and finance |       | Sustainable development |       |
| Other *(specify)* |       |

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| ***4. References*** |
| *Reference 1* |
| *Full name:* |       |
| *Company:* |       |
| *Position:* |       |
| *Country:* |       |
| *Professional relationship:* |       |
| *E-mail address:* |       |
| *Reference 2* |
| *Full name:* |       |
| *Company:* |       |
| *Position:* |       |
| *Country:* |       |
| *Professional relationship:* |       |
| *E-mail address:* |       |

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| ***5. Fee reduction/scholarship*** |
| As an applicant from the Global South, I would like to be considered for a fee reduction/scholarship.**(participants from Global South only)** | Yes       | No       |
| Would you be able/willing to participate without scholarship? | Yes       | No       |

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| ***6. Payment*** |
| The payment will be made by me personally. | Yes       | No       |
| The payment will be made by someone else (e.g., the company, the university, etc.). | Yes       | No       |

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| ***7.Disclaimer and Signature*** |
| I certify that my answers are true and complete to the best of my knowledge. |
| *Signature:*      | *Date:*      |

1. Select one of the following options: Intergovernmental organisation or Multilateral organisation or International organisation or National government or Local government or Public university or Private university or Research organisation. [↑](#footnote-ref-1)
2. Select one of the following options: public or private. [↑](#footnote-ref-2)
3. Select one of the following options: Practitioner or Policy maker (national or local level) or Scientist/researcher. [↑](#footnote-ref-3)