**APPLICATION FORM**

**HYDROAID DISTANCE LEARNING PROGRAM**

**“Economic Regulation of water services”**

*Please fill in the following form. All fields marked by \* are compulsory. Incomplete applications will not be accepted. Send this form via e-mail to* [*tutor.sanitation@hydroaid.it*](mailto:tutor.sanitation@hydroaid.it) *in .doc, .dox or .pdf format. Do not send a scanned or photographed copy of this form.*

1. **PERSONAL INFORMATION AND CONTACTS**

|  |  |
| --- | --- |
| *\**Name |  |
| *\**Surname |  |
| *\**Gender |  |
| *\**Nationality |  |
| *\**Date of birth |  |
| *\**City |  |
| *\**Country |  |
| *\**E-mail address |  |
| *This address will be used for all communications related to the course and for accessing the web platform. Please make sure it is correct and working properly.* | |
| Alternative contact |  |

1. **EDUCATION BACKGROUND**

|  |  |  |
| --- | --- | --- |
| *\**Have you ever participated in Hydroaid courses or training programs? | YES | NO |
|  |  |
| *\**Have you ever obtained a certificate in Hydroaid courses or training programs? |  |  |

If YES, please specify:

|  |
| --- |
|  |

*\**What is the highest education level you obtained?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diploma | Bachelor’s Degree | Master’s Degree | Ph.D. | Other (please specify) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| *\**Name of the university/institution |  |
| *\**Title of the course |  |
| *\**Specialization/Major/Area of study |  |
| *\**Year of graduation |  |
| *\**Duration |  |

Other relevant study course of training accomplished (if any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diploma | Bachelor’s Degree | Master’s Degree | Ph.D. | Other (please specify) |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Name of the university/institution |  |
| Title of the course |  |
| Specialization/Major/Area of study |  |
| Year of graduation |  |
| Duration |  |

*\** **English language skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | Basic | Intermediate | Advanced | Native |
|  |  |  |  |  |

1. **PROFESSIONAL BACKGROUND**

|  |  |  |
| --- | --- | --- |
| *\**Are you currently employed? | YES | NO |
|  |  |

What is your current working place? (If none, leave empty)

|  |  |
| --- | --- |
| *\**Name of the institution/organization |  |
| *\**Working sector |  |
| *\**Position |  |
| *\**Starting date |  |
| *\**City/Town |  |
| *\**Duties and responsibilities |  |
| *Skills and experiences will be taken into consideration in the selection process. We encourage you to add any additional detail that might better describe your role and contribution to your current working place.* | |

Other relevant professional experiences (if any):

|  |  |
| --- | --- |
| Name of the institution/organization |  |
| Working sector |  |
| Position |  |
| Duration |  |
| City/Town |  |
| Duties and responsibilities |  |

\*Does your current job involve tasks or responsibilities connected to the economics, regulation or administration in the water and sanitation sector?

|  |  |
| --- | --- |
|  | Yes |
|  | Partially |
|  | No |

1. **MOTIVATION**

|  |  |
| --- | --- |
| \*How did you learn about this course? |  |
| \* Why do you want to join this course? What are your expectations about this course? What topics would you like to discuss and what problems would you like to analyze during the course? |  |
| \*How are you planning to use the acquired knowledge? |  |

1. **DECLARATION**

I (name, surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

wish to apply to the this program and **fully accept the following conditions:**

|  |  |
| --- | --- |
|  | \*Any personal information collected by Hydroaid will be used in compliance with the Italian Data Protection Act no.196/2003 and other applicable laws. Hydroaid will not keep any personal information processed for any other purpose any longer than required. (Please note that the Italian Data Protection Act no.196/2003 grants you the right to access the information held about you. In compliance with the Italian Data Protection Act nr.196/2003, your right to access can be exercised by writing to Hydroaid - *Via Pomba 29, I-10123 Turin Italy* - or by e-mail ([hydroaid@hydroaid.it](mailto:hydroaid@hydroaid.it)) |
|  |  |
|  | \*The contents of the course cannot be used or disseminated in any way unless with the expressed written authorization of Hydroaid. |

I therefore declare that I can:

|  |  |
| --- | --- |
|  | \*Guarantee the minimum technical requirements of my PC and Internet connection as detailed in the Call for Applications, which are necessary for the regular connection and use of the didactic material; |
|  |  |
|  | \*Regularly attend and participate in the course activities of the course. |

\*Attachments:

* Copy of a valid identity document or passport;
* Copy of the highest education certificate obtained (only 1 document)

\*Date

\*Signature

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