



SOUTH ASIA MIGRATION RESOURCE NETWORK

Residential Training Workshop on
Migration, Globalisation, Security and Development
8-15 March 2009, Godavari Village Resort, Kathmandu, Nepal

APPLICATION FORM

Personal Details	
Family Name:	Title: Dr. / Ms. / Mr.
Other Names:	Sex: Male/Female
Nationality:	Date of Birth:
Correspondence Address:	Telephone Number (home):
	Telephone Number (Cell/Mobile):
	Telephone Number (work):
	Fax Number:
E-mail:	

Employment	
Organisation's Name:	
Address:	Date Appointed:
	Position:
	Telephone Number:
	Fax Number:
	E-mail:
Current Responsibilities:	

Work and / or Research Experience
Please use additional sheet(s) if required

Education and Qualifications		
School/College/University	Years Attended	Subject and degrees gained
Please use additional sheet(s) if required		

Training Courses Attended		
Title	Date	Organisers and Venue
Please use additional sheet(s) if required		

List of Publications (If any)
Please use additional sheet(s) if required

Rationale for attending the course

Please state why you are interested in attending this course (no more than 500 words)

Payment	
Will you be sponsored to attend this course?	<input type="checkbox"/> YES <input type="checkbox"/> NO
* If yes, please forward details of sponsorship by post.	
Do you intend to apply for a bursary from SAMReN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
* If yes, please complete the bursary application form (See: next page).	
If the answer to both of the above is no please state how you intend to pay for course i.e. method of payment.	

References	
Please give names of two referees (not relatives or friends) who are able to support your application (one should be your current employer, if applicable).	
Name	Address:
Capacity in which known to you	
Tel / Fax / E-mail:	
Name	Address:
Capacity in which known to you	
Tel / Fax / E-mail:	
In order for SAMReN to consider your application two letters of reference must reach the SAMReN Secretariat independently within two weeks of the closing date of application.	

Declaration	
I declare that the information contained in this application is correct.	
Signature: _____	Date: _____
Return to: Workshop Convenor South Asia Migration Resource Network (SAMReN) C/o, Refugee and Migratory Movements Research Unit (RMMRU) 3/3 E, Bijoy Nagar (4 th Floor) Dhaka 1000 Bangladesh	Fax: +880-2-836 2441 E-mail: samrenworkshop@gmail.com samrenworkshop@yahoo.com
Application forms should be returned not later than the closing date stated	



BURSARY APPLICATION FORM

Reasons for Applying for Bursary

Please give reasons why you believe you should be considered for the award of a bursary from SAMReN. Also include financial details why you cannot pay for the course yourself or raise money from other sources.

Please use additional sheet(s) if required