



2010 Institute in Coastal Management

June 7- 25, 2010

Coastal Resources Center

University of Rhode Island, USA

Participation will be limited to 25 individuals. To apply, please complete this application and return it to:

Kimberly Kaine
Coastal Resources Center
220 South Ferry Road
University of Rhode Island
Narragansett, Rhode Island 02882 USA
By Fax: 401-874-6920
By Email: kkaine@crc.uri.edu

Print or type in English

PERSONAL INFORMATION

Family Name _____

First Name _____ Middle Name _____

Date of Birth (dd/mm/yyyy) _____ Male ___ Female ___

Home Address _____

Phone _____ Fax _____

Email _____

Country _____

Passport Expiration Date _____ (dd/mm/yyyy)

US VISA STATUS _____

CURRENT EMPLOYMENT

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Supervisor: _____

Supervisor Email: _____

Description of duties:

EMPLOYMENT HISTORY (Last 5 years)

Title	Employer	Dates

EDUCATION

Institution name and location	Major subject	Date and Degree received

TRAINING

Please list the last 3 training events related to coastal management that you attended.

Name of Training/Workshop/Conference	Dates

Have you ever designed or offered a training course, or have teaching experience?
Briefly describe.

Please give your reasons for wanting to attend this course.

What experience do you have in coastal planning, management and/or economic and social development in coastal areas?

How did you hear about the Institute in Coastal Management?

ENGLISH PROFICIENCY

It is very important that you have good verbal and written English skills in order to participate fully. Assess your skills accurately.

Writing: Good ___ Fair ___ Poor ___

Speaking: Good ___ Fair ___ Poor ___

_____ TOEFL Score if available (500 or better is recommended)

FINANCIAL SUPPORT

Self-Paying: Yes___ No___

If you are receiving financial support from one or more agencies, complete the following.

1) Sponsoring Agency: _____

Address _____

Name of Contact Person _____

Telephone number _____ Fax number _____

Email _____

USD\$ Amount Committed _____

2) Sponsoring Agency: _____

Address _____

Name of Contact Person _____

Telephone number _____ Fax number _____

Email _____

USD \$ Amount Committed _____

PERSONAL NEEDS

Information provided below is to help us provide a safe and comfortable experience during the course.

Do you have any special medical needs?

Do you have any special dietary needs?

IMPORTANT DATES

May 30, 2010 Final day of acceptance of applications and deposits

June 1, 2010 All payments due

June 5-6, 2010 Arrival of participants

June 7, 2010 First day of class

June 25, 2010 Last day of class

June 26, 2010 Departure of participants

Applicant signature: _____

Date (dd/mm/yyyy) _____

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A non-refundable deposit of \$500 is required to reserve space.

Admission to this program is based on professional qualifications and experience without regard to age, race, gender, religion or national origin. We strive for a diversity of participants.