***Annex III***

**Application Form**

**Workshop for Thought Leaders:**

**Urban Regeneration: The way to Vibrant City**

(Guangzhou, China, 2-6 December 2019)

**Notes:**

Photo

1. Please complete the following form and return it to the

Guangzhou Institute for Urban Innovation at

[info@guangzhouaward.org](mailto:info@guangzhouaward.org) before **30 October 2019**.

1. Please fill in the form in English. “N/A” should be used

where applicable.

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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Given/First Name: | | | | | | | | | | | | Surname/Last Name: | | | | | | | | |
| Nationality: | | | | | | | | | | | | Date of Birth: | | | | | | | | |
| Gender: | | Male  Female | | | | | | | | | | Marital Status: | | | | | | | Single  Married | |
| Passport No.: | | | | | | | | | | | | Expiration Date: | | | | | | | | |
| Dietary Request: | | | | | | | | | | | | | | | | | | | | |
| **VISA REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | |
| I need a visa for China  I do not need a visa for China  Place of Visa Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | | | | | | | | | | | | | | | | | |
| Department/Division: | | | | | | | | | | | | | | | | | | | | |
| Name of City/Province: | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Business Phone: | | | | | (     )     -  *(country code) city code - number* | | | | | | | | Fax: | | | (     )     -  *(country code) city code - number* | | | | |
| Mobile | | | | | | |  | | | | | | E-Mail | | |  | | | | |
| Mailing Address | | | | | | | Business  Home  Other | | | | | | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | Relationship | | | | | | | |  |
| Phone | | | |  | | | | | | | | E-Mail | | | | | | | |  |
| **QUALIFICATION** | | | | | | | | | | | | | | | | | | | | |
| **English Proficiency** | | | | | | | | | | | | | | | | | | | | |
| Listening: | | | Excellent  Fair  Poor | | | | | | | | Speaking: | | | | | | Excellent  Fair  Poor | | | |
| Writing: | | | Excellent  Fair  Poor | | | | | | | | Reading: | | | | | | Excellent  Fair  Poor | | | |
| Mother Tongue: | | | | | |  | | Other Language(s): | | | | | |  | | | | | | |
| *English is the official language for the training and lack of English proficiency can result in declining the application.* | | | | | | | | | | | | | | | | | | | | |
| **Professional/Career Background** *(3 most recent previous positions)* | | | | | | | | | | | | | | | | | | | | |
| Year (from/to) | | | | Organization | | | | | | Position | | | | | Responsibilities | | | | | |
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| **Overseas Workshops/Programs Joined in the Last 5 Years** | | | | | | | | | | | | | | | | | | | | |
| Year | Host Organization/Country | | | | | | | | Workshop/Program Title | | | | | | | | | Major Topics | | |
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| **Please highlight some key innovative projects on urban REGENERATION under your purview.** |
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| **Please indicate the major challenges facing urban REGENERATION of your city at present.** |
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| **Please state your motivation and goals to participate in this workshop.** |
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| **PHONE INTERVIEW SCHEDULE** |

Please indicate below the possible days and time that you are available for a phone interview:

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available days and time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TERMS AND CONDITIONS** |

A qualified applicant must agree to the terms and conditions to participate in the Workshop for Thought Leaders, which are as the following:

1. Follow the training program to the best of the participant’s ability and abide by the rules of the training institution at which he/she undertakes the training;
2. Refrain from engaging in political activities, or any form of employment for profit or gain;
3. Return to his/her home country upon completion of the training program;
4. Accept that the hosts are not liable for any damages or losses of personal property;
5. Accept that the hosts will not assume any responsibility for illness, injury, or death arising from extracurricular activities, wilful misconduct, or undisclosed pre-existing medical conditions of the participant; and

I have read and agree to fully comply with the above terms and conditions, and certify that all personal information stated above is true and complete to the best of my knowledge.

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|  |  |  |  |  |
| Date (dd/mm/yyyy) |  | Name of Applicant |  | Signature |