

REGISTRATION FORM

For : UN AGENCIES/PROGRAMMES

ECA LANGUAGE AND COMMUNICATION SKILLS TRAINING PROGRAMME
TRAINING SERVICE, HRFD/HRSS

PART I.

A. STAFF MEMBER

Name: _____ Sex: _____ Index No.: _____
Last First
Agency/Programme: _____ Category: _____
Telephone: _____ Nationality: _____

B. SPOUSE (Also complete A. above)

Name: _____ Sex: _____ Index No. _____
Agency/Programme: _____ Nationality: _____
Telephone: _____

1. What course do you wish to study? _____
2. Level of knowledge:
 None (*beginner*) Some knowledge
3. Have you previously studied that language at the UN?
 Yes No
If yes, last level: _____ Term (*month, year*): _____
Did you pass the end-of-term examination of that level?
 Yes No
4. Have you ever registered for any other UN language course?
 Yes No

Staff member's/student's signature _____

PART II (*to be completed by the supervisor*)

The (*Agency/Programme*) _____

- authorises the language/communication skills training requested by the staff member and hereby commits itself to settle the tuition fees at the rate of USD80 per term upon receipt of the bills.
- certifies that the applicant is a registered spouse of Mr./Mrs./Ms. _____
_____, a staff member of the Agency/Programme.

Name and title: _____ Signature: _____
Date: _____
Stamp/seal _____

Note: Forms duly completed must be submitted to the ECA Language Training Centre.