

# REGISTRATION FORM

## For UNECA Staff Members

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

### PART I

#### A. STAFF MEMBERS

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Index No.: \_\_\_\_\_  
Last First  
Division/Section: \_\_\_\_\_ Category: \_\_\_\_\_  
Type of contract: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(dd/mm/yy)  
Telephone extension: \_\_\_\_\_ Nationality: \_\_\_\_\_

#### B. SPOUSES

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Index No.: \_\_\_\_\_  
Name of active spouse: \_\_\_\_\_ Sex: \_\_\_\_\_ Division: \_\_\_\_\_  
Last First  
Telephone extension: \_\_\_\_\_ Nationality: \_\_\_\_\_

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 for staff members only)

Relation of staff member's work to the course for which application is made (*give sufficient information*):

The (*Organization/Division/Office/Section/Unit*) \_\_\_\_\_  
 approves this application  
 does not approve this application

Reason: (*concerning staff members only*)

Date: \_\_\_\_\_ Name and title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Note: Forms duly completed must be submitted to the ECA Training Centre located near the Old Cafeteria.