

# Personal Information Form

UNCRD's 38th International Training Course  
in Regional Development  
24 May – 25 June 2010

Kindly send this form together with the application documents to:

The Training Unit  
Thirty-eighth International Training Course in Regional Development  
United Nations Centre for Regional Development  
Nagono 1-47-1, Nakamura-ku, Nagoya, Aichi 450-0001 Japan  
Fax: (+81-52) 561-9374

Thank you.

## I . PERSONAL HISTORY

1. Your Name	Family Name	First Name	Other Names	2. Age
3. Name of Institution				
4. Present Position				
5. Business Address				
	*Tel: (+       -       )		Fax: (+       -       )	
6. Permanent Contact Address				
	Tel: (+       -       )		Fax: (+       -       )	
7. E-mail Address				

\*Including country code, please.

8. Employment record: It is important to give complete information. For each post you have occupied give details of your duties and responsibilities.

A. Present or most recent post;	Description of your work, including your personal responsibility
Years of service: from                      to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	
B. Previous post	Description of your work, including your personal responsibility
Years of service: from                      to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	
C. Previous post	Description of your work, including your personal responsibility
Years of service: from                      to	
Title of your post:	
Type of organization:	
Name and address of employer:	
Name of supervisor:	

9. Give details of any fellowships or scholarships previously held by you, which you now hold, or for which you are a candidate.

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of any knowledge and belief. If selected as a fellow, I undertake to:

- (1) Conduct myself at all times inclusive of both opening and closing ceremonies in a manner compatible with my status as holder of a United Nations award;
- (2) Devote my time, during the period of the award, fully to the study programme as directed by UNCRD and by the United Nations;
- (3) Refrain from engaging in political, commercial, or any other activities other than those covered by my work programme;
- (4) Submit reports in accordance with the arrangements made by the United Nations;
- (5) Observe the rules and regulations of my place of accommodation and not change accommodation unless designated by UNCRD;
- (6) Return to my home country at the end of the study tour.

Date: \_\_\_\_\_ *Signature of candidate:* \_\_\_\_\_

## II . MEDICAL REPORT

*INSTRUCTIONS:* To be completed in triplicate by a registered medical practitioner after thorough clinical and laboratory examination including X-ray of chest. The United Nations reserves the right to require the candidate to undergo a further medical examination before he takes up his study tour.

To: Medical Director  
United Nations  
New York, N.Y., 10017

Date: \_\_\_\_\_

RE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name of Candidate First

Address: \_\_\_\_\_

*(To be filled in by Candidate)*

1. Have you ever undergone any United Nations medical examination previously? \_\_\_\_\_

(If so, please state when and where: \_\_\_\_\_)

2. Have you ever had or have you now

(Check each item)	YES	NO	(Check each item)	YES	NO
Any heart disease? . . . . .			Frequent indigestion? . . . . .		
Severe pain or pressure in chest? . . . . .			Depression or excessive worry anxiety?		
Persistent cough? . . . . .			Fainting spells? . . . . .		
Tuberculosis? . . . . .			Epilepsy or fits? . . . . .		
Diabetes? . . . . .			Any nervous or mental disorders? . . . . .		
Backache? . . . . .			Foot or leg conditions? . . . . .		
Hernia (rupture)? . . . . .			Any skin disease? . . . . .		
High blood pressure? . . . . .			Malaria? . . . . .		
Any allergies? . . . . .			Amoebic dysentery? . . . . .		

3. Please give details of all serious illnesses, in injuries or operations:

(Type of illness or operation)	(Period of disability)

4. Do you take any medications regularly? \_\_\_\_\_ If so, what? \_\_\_\_\_

5. Do you have any condition or defect which may require further treatment during your study tour? \_\_\_\_\_

I certify that the above statements are true, complete and correct to the *best* of my *knowledge* and *belief*.

\_\_\_\_\_

*(Signature of Candidate)*

*(This part to be filled in by Examining Physician)*

I *have* checked the candidate's answers and I have the following comments to make:

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I have made the following examination which I consider necessary, in view of the candidate's answers, in order to detect physical or mental disease which might be a danger either to himself *or* to others, during the period *of* the study tour:

Blood Pressure: \_\_\_\_\_ Pulse Rate: \_\_\_\_\_

Urine: Albumin: \_\_\_\_\_ Sugar: \_\_\_\_\_

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*(Usually, for a Fellowship Candidate, it is only necessary for the Examining Physician to make a brief physical examination and for investigations to be limited to a chest X-ray)*

In my opinion, the candidate \_\_\_\_\_ *is* \_\_\_\_\_ *fit* for this study tour.  
*is not*

**Result of CHEST X-RAY**

\_\_\_\_\_  
*(Signature of Examining Physician)*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_