**E:\科研处\国际合作\国合项目\20171103发展中国家技术培训班\信息表\黄海水产研究所LOGO.tifYellow Sea Fisheries Research Institute**

**Chinese Academy of Fishery Sciences**

**106 Nanjing Road, Qingdao, 266071**

**People’s Republic of China**

**Application Form for Online Training on Mariculture Technologies for the Asia-Pacific Region**

***Please read these notes carefully before you complete the form***

1. Read the “Requirements for Trainees” section of the training prospectus and make sure that you meet all the requirements and will participate entirely the training courses before you fill out this form.

2. All information related to your personal privacy will be treated as confidential.

3. Complete the form in typescript and English capital letters. Items marker \* are compulsory information required. Incomplete applications will not be accepted.

4. Ensure that this form is signed by the applicant and sent as a scanned copy (PDF) to ice@ysfri.ac.cn *by 19th September 2020*.

6. You will be sent a confirmation email within 24h after your application is received. Please contact the training coordinator if you didn’t receive the confirmation email.

7. Please note that this is an application to participate in the training, not an enrollment form.

If you require help completing this application form, please contact the coordinator Dr. XU Hua / Ms. SHANG Fei, by email (ice@ysfri.ac.cn).

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| **SECTIONⅠ: PERSONAL DETAILS** | | | | | | | | | | | |
| **Family Name\*** | |  | | | | | | | | | **PHOTO OF**  **APPLICANT\***  Please attach a recent  passport photograph of yourself |
| **Given Names\*** | |  | | | | | | | | |
| **Gender\*** |  | | | | | | | | | |
| **Date of Birth**  （mm/dd/yyyy） | | |  | | | | | | | |
| **Nationality\*** | | |  | | | | | | | |
| **SECTIONⅡ: CONTACT DETAILS** | | | | | | | | | | | |
| **Work Phone Number**  (with country code) | | | | | | |  | | | | |
| **Home Phone Number**  (with country code) | | | | | | | |  | | | |
| **Mobile Phone Number** | | | | | | | |  | | | |
| **E-mail Address\*** | | | | |  | | | | | | |
| **Postal Address** | | | | | **Street**: | | | | | | **City**: |
| **Province/State**: | | | | | | **Zip code**: |
| **SECTIONⅢ: EMPLOYMENT PARTICULARS** | | | | | | | | | | | |
| **Employing Unit\*** | | | | | | | | |  | | |
| **Department\*** | | |  | | | | | | | | |
| **Current Position\*** | | | | | | | |  | | | |
| **Current Occupation\*** | | | | | | | | |  | | |
| **SECTION Ⅳ: EDUCATION INFORMATION** | | | | | | | | | | | |
| **Highest Degree\***  (Master, Ph.D., etc.) | | | | | |  | | | | | |
| **Degree-Awarding Institution\*** | | | | | | | | | |  | |
| **Major\*** | | | |  | | | | | | | |
| **I certify that the information provided by me is true, complete and correct to the best of my knowledge and belief.** **I confirm I will participate entirely in the training courses. \***    **Applicant signature**   **Date** | | | | | | | | | | | |

**CONTACT INFORMATION**

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