**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 2022 Training Course on Mariculture Technologies in the Asia-Pacific Region**

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

**1. Read Training Course Prospectus section “Requirements for Trainees”, and make sure that you meet all the requirements before you fill out this form.**

**2. All information will be treated as confidential.**

**3. Complete the form in typescript and in English capital letters. Incomplete applications will not be accepted.**

**4. Ensure that this form is signed by the applicant and sent to ice@ysfri.ac.cn *before September 5, 2022*.**

**5. Item marked with \* superscript in the table is mandatory. Withholding any essential information as required in this application form may result in deregistration from the Training Course.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTIONⅠ: PERSONAL DETAILS** | | | | | | | | | | |
| **Family Name****\*** |  | | | | | | | | **PHOTO OF**  **APPLICANT**  **(Compulsory)**  **Please attach a recent**  **photograph of yourself\*** | |
| **Given Names\*** |  | | | | | | | |
| **Gender\*** |  | | | | | | | |
| **Date of Birth\***  （mm/dd/yyyy） |  | | | | | | | |
| **Nationality\*** |  | | | | | | | | | |
| **SECTIONⅡ: CONTACT DETAILS** | | | | | | | | | | |
| **E-mail Address\*** | | |  | | | | | | | |
| **Postal Address\*** | | | **Street:** | | | | | | | **City:** |
| **Province/State:** | | | | | | | **Zip code:** |
| **SECTIONⅢ: EMPLOYMENT PARTICULARS** | | | | | | | | | | |
| **Name of Current Employer\*** | | | | | | |  | | | |
| **Department\*** |  | | | | | | | | | |
| **Your Current Position\*** | | | | | |  | | | | |
| **Role and responsibilities of your position （brief description）** | | | | | |  | | | | |
| **Employer’s Postal**  **Address** | | | | **City:** | | | | |  | |
| **Province/State:** | | | | |  | |
| **SECTION Ⅳ: EDUCATION INFORMATION** | | | | | | | | | | |
| **Highest Degree\***  (Master, Ph.D, etc) | | | | |  | | | | | |
| **Institution Awarding the Degree\*** | | | | | | | |  | | |
| **Major\*** | |  | | | | | | | | |
| **I certify that the information provided by me is true, complete and correct to the best of my knowledge and belief.**    **Applicant signature**   **Date** | | | | | | | | | | |

**CONTACT INFORMATION**

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