



RECENT  
PHOTOGRAPH  
(1 copy)

PREMIER MINISTRE

## APPLICATION FORM

### Specialized International Cycle in Public Administration (CISAP)

Country :

Name of training program requested:

Dates of training program:

Civil Status	Graduate study	Profession
Family name(s) in order of civil status (underline name commonly used):	Number of years of graduate study:                                  years	Date of entry into the civil service:
Maiden name:	Subject of specialty:	Present functions:
Given names:	Highest diploma:	
Date and place of birth:		
Nationality or nationalities:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Marital Status:		

Home address:

Telephone:

Fax:

e-mail:

Professional address:

Telephone:

Fax:

e-mail:

### Graduate study

Name and address of establishment	Length of studies		Subject of specialty	Diplomas or university levels obtained
	from	to		

Title of doctoral thesis and/or other research studies, *mémoires* or theses required for diplomas:

### Publications

Indicate title, name of publisher or review, and publication date (*on separate sheet if necessary*)

### Language competencies

Mother tongue:

	spoken	written	reading knowledge	oral comprehension
French	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other languages:	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	excellent   good   fairly good   basic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Previous candidacies and training programmes

Have you ever applied for an ENA or IIAP training program? If so, which?

Have you ever participated in an ENA or IIAP training program? If so, which?

### Scholarships previously awarded for study or advanced training abroad

Establishment awarding the scholarship	Establishments and countries where studies were followed	Length of studies	
		from	to

### Other periods abroad

In what countries have you lived and for what purposes?

## Professional experience

<u>Previous functions</u>	<b>Describe your professional career, indicating the administration or establishment you worked for, your post, dates of service, and the nature of your functions and responsibilities.</b>
Administration or establishment for which you worked:  Post:  Dates: from                                  to	Description of your functions:
Administration or establishment for which you worked:  Post:  Dates: from                                  to	Description of your functions:
Administration or establishment for which you worked:  Post:  Dates: from                                  to	Description of your functions:

<u>Present Functions</u> Name of post:	Nature of your functions (Indicate your personal responsibilities)
Years of service in these functions  Since:	
Administration or establishment you are working for:	
Name and title of your immediate superior:	

### Purpose of training

For what purpose are you participating in this cycle?

☐ To change jobs? If so, to what job?  
present post?

☐ To be better adapted to your

☐ To obtain a promotion? If so, which?

☐ Other aim(s)? Which?

### Expectations from the cycle

Given what you know about this cycle, which particular areas do you wish to focus on?

What other subjects, related to the theme of the cycle, would you like to study?

Note, in order of your priorities where possible, the competencies you hope to acquire during the cycle:

*In order to be definitively accepted to the cycle, all candidates must present proof of adequate insurance cover (individual liability, accident, illness) during their stay in France. Any inexact or incomplete declaration can lead to a candidate's rejection or exclusion from the cycle.*

**Date:**

**Signature:**

### Section to be filled in by the French Embassy (compulsory)

Considering the candidate's functions, the administration which employs him, and the training requested, my assessment of the application is:

☐ Very favorable

☐ Favorable

☐ Reserved

Level of French:

☐ Excellent

☐ Medium

☐ Poor

Is this training in the context of a bilateral cooperation project? If so, which?

Are there any scholarship possibilities in support of this candidacy?

☐ No

☐ Yes

(specify

☐ from which post

☐ other)

**Reason for decision:**

Date :

Signature :

Name and position :

👉 Ecole nationale d'administration

2 avenue de l'Observatoire – 75006 PARIS

Tel : + 33(0) 1-44-41-85-00 • Fax : + 33 (0) 1-44-41-85-99

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Specialized International Cycle in Public Administration  
(CISAP)

**OFFICIAL LETTER OF PRÉSENTATION**

This form is to be filled in by the competent administration of the government presenting the candidacy, and attached to the application form:

The government of:

Presents the candidacy of Mr / Ms:

Functions :

For participation in a CISAP Specialised Cycle organised by *l'Ecole nationale d'administration*

from                      to

On the theme :

And certifies that:

- a) The specialised training acquired by the above candidate thanks to this cycle is necessary to his/her administration and to our country. If the candidate is accepted, he/she will be called on to exercise fully his/her competencies in the field in question.
- b) All information provided by the candidate is complete and exact.

Place and date:

Name of administration or establishment:

Official stamp:

Signature of the authority responsible for officially  
presenting the candidate's request:

Name and position: