|  |
| --- |
| **Grant Application Form**  **International Conference on Radiation Protection in Medicine: Achieving Change in Practice**  **IAEA Headquarters, Vienna, Austria**  **11–15 December 2017** |

To be completed by the applicant and sent to the competent official authority (e.g. Ministry of Foreign Affairs, Permanent Mission to the IAEA, or National Atomic Energy Authority) of his/her country for subsequent transmission to the International Atomic Energy Agency (IAEA), Vienna International Centre, PO Box 100, 1400 Vienna, Austria, either electronically by email to: [Official.Mail@iaea.org](mailto:official.mail@iaea.org) or by fax to: +43 1 26007 (no hard copies needed).

**Deadline for receipt by IAEA through official channels: 15 June 2017**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: (e.g. Smith) | First name(s): (e.g. John) | | Mr/Ms: |
| Mailing address: | | Tel.: | |
| Fax: | |
| Email: | |
| Date of birth (yy/mm/dd): | | Nationality: | |

**1. Education (post-secondary):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and place of institution | Field of study | Diploma or Degree | Years attended  from to | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2. Recent employment record (Starting with your present post):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and place of employer/ organization | Title of your position | Type of work | Years worked  from to | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Description of work performed over the last three years:**

**4. Institute’s/Member State’s programme in field of conference:**

**Date: Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Name, signature and stamp of Ministry of Foreign Affairs, Permanent Mission to the IAEA or National Atomic Energy Authority** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_