**2021 Training on FishBase   
and Fish Taxonomy**

Royal Museum for Central Africa

Leuvensesteenweg 13

3080 Tervuren - Belgium

[www.africamuseum.be](http://www.africamuseum.be)

<http://fishbase.africamuseum.be>

**01/03/2021-21/05/2021**

**Application form for a scholarship**

**Instructions**

**Complete this form in full and as accurately as possible.**

**If a question is not relevant, please mention N/A (not applicable).**

**Answers must be supplemented in English, preferably typewritten or written in block letters with black ink. Illegible applications will not be taken into consideration.**

**This completed form and your motivation letter (in one unique PDF file saved under your name) must be send by 10 January 2021 at midnight (GMT+2) to the following email address:** [**callfishbase@africamuseum.be**](mailto:callfishbase@africamuseum.be)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Personal data** | | | | | | | | | | |
| Name  (as written in the passport) |  | | | | | | | | |
| First Names |  | | | | | | | | |
| Sex |  | Nationality | |  | | | | | | |
| Date of birth  (Dd/mm/yy): |  | Place of birth | |  | | | | | | |
| Civil Status  (Single, married) |  | | | | | | | | |
| Profession |  | | | | | | | | |
| Personal address | | | | | | | | | | |
| Street |  | | | | | N° |  | box |  |
| Postal code |  | | District | |  | | | | | |
| City |  | | Country | |  | | | | | |
| Telephone |  | | | | | | | | |
| Cellular telephone |  | | | | | | | | |
| Email address |  | | | | | | | | |
| Postal address (if different from your personal address) | | | | | | | | | | |
| PO BOX |  | Postal code | |  | | | | | | |
| Country |  | | | | | | | | |
| Person to be contacted in case of emergency | | | | | | | | | | |
| Name, First name |  | | | | | | | | |
| Cellular telephone |  | | | | | | | | |
| Email address |  | | | | | | | | |
| Passport data | | | | | | | | | | |
| Kind of passport  (regular/service) |  | | | | | | | | |
| Validity period |  | | Passport n° | |  | | | | | |

|  |  |
| --- | --- |
| **2. Language skills** | |
| Mother tongue |  |
| Other languages |  |
| Estimation of level of English (excellent, good, regular, weak) |  |
| Estimation of level of French (excellent, good, regular, weak) |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** **Professional address** | | | | | | | | |
| Name of institution |  | | | | | | |
| Title of position |  | | | | | | |
| Street |  | | | N° |  | box |  |
| Postal code |  | District |  | | | | | |
| City |  | Country |  | | | | | |
| Telephone |  | | | | | | |
| Email address |  | | | | | | |
| Name of immediate superior |  | | | | | | |
| Telephone and email of immediate superior |  | | | | | | |

|  |
| --- |
| **4. Higher education (only higher studies or university studies)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Period from / to | Name of studies | Name of institution + country | Results |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **5. Professional experience (starting with present position)** |

|  |  |  |
| --- | --- | --- |
| Period from / to | Position (jobtitle) + description of responsibilities | Name and address of employer |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **6. Publications**  Mention on a separate sheet, to be joined to this application form, your publications with the following information : Authors – year – title – journal or publisher – volume – pages.  Also include publications in preparation or in press. |

|  |
| --- |
| **7. Scholarship history** |

|  |  |  |
| --- | --- | --- |
| Duration of the scholarship  From / to | Kind of scholarship + country | Granting institution |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **8. Declaration by the applicant**  I hereby declare on my word of honour that this information is correct and complete and that I shall immediately inform the RMCA of any changes in my situation. I agree that any false statement made in this application shall result in the cancellation of my application or of the scholarship. |
| Name and signature  Date |