ETHICS TEACHER TRAINING COURSE

12-16 November, 2012 Vilnius University Vilnius, Lithuania

REGISTRATION FORM

PLEASE RETURN THIS FORM BEFORE 24 September 2012 to:

Irakli Khodeli

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Bioethics Team

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1) PERSONAL INFORMATION

FAMILY NAME (surname)	:	
FIRST NAME (given name)):	
GENDER: Male	☐ Female	
DATE OF BIRTH (day/mon	th/year)://	
CURRENT NATIONALITY: _		
PERMANENT ADDRESS: Street, number:		
ZIP code:	City:	Country:
MAILING ADDRESS (if diffe Street, number:	-	nt address):
ZIP code:	City:	Country:
E-mail address:		
TELEPHONE (include cour	ntry code):	

2) ACADEMIC INFORMATION

ENGLISH LANGUAGE SKILLS:

	Native speaker	Excellent	Good	Fair
Speak	0	0	0	0
Write	0	0	0	0
Read	0	0	0	0
Understand	0	0	0	0

EDUCATION (PLEASE INDICA	ATE THE HIGHER DEGREE OBTAINED):
Start date (month/year): _	/ End date (month/year):/
Name of institution:	
Subject(s) studied:	
Qualifications obtained:	
Title and subject of thesis:	
Other formal studies:	
Publications:	
3) PROFESSIONAL E	XPERIENCE
TEACHING EXPERIENCE:	
Start date (month/year): _	/ End date (month/year):/
Name of institution:	
Subject(s) taught:	
Job title:	
CURRENT UNIVERSITY AFFI	LIATION:
Position:	
Department:	
University:	

City:	
Country:	
REFERENCES – Name two pe your application.	rsons who would be willing to give us more information regarding
Reference 1	
Name:	
E-mail:	
Your relationship to this per	rson:
Reference 2	
Name:	
E-mail:	
Your relationship to this per	rson:

4) MOTIVATION

Describe your reasons for wishing to participate in this course (not more than 600 words). Use a separate sheet if necessary.