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# EPIC-Asia Application Questionnaire

**Instructions:**

This application is to be filled out by *pairs of applicants*, one person from a university and one person from a city or municipal government. In the form below, the University Partner application is first, followed by the City Partner application.

**Please return your application by 15 September 2020 to Mzime Murisa (****mmurisa@start.org****).** Any questions about the application can also be directed to Dr. Murisa.

##  University Partner

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| 1. Full Name: |       |       |       |  2. Sex: |       |
|  | *Last* | *First* | *M.I.* |  |  |

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| --- | --- | --- |
| 3. Location: |       |       |
|  | *City* | *Country* |

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| --- | --- |
| 4. Job Title: |        |

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| 5. Name of university where you work: |       |

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| 6. Years of experience in your present position: |       |

7. In your career have you created a new program, project or initiative that required institution-wide approval?  Please explain. (200 word limit)

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8. Why do you wish to attend this training? What benefits for your teaching or research and for your institution do you envision resulting from the training?  (200 word limit)

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|       |

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| 9. Phone Number: |       |       |  10. Email: |       |
|  | *Country Code* | *Phone Number* |  |  |

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| 11. Are both you and your city partner available to attend a training on 8-9 March 2020 in Tokyo? |
| Yes[ ]  | No[ ]  |

12. Are you in need of travel support (flight and/or accommodation)? Please specify and explain why support is needed.

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##  City Partner

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| 1. Full Name: |       |       |       |  2. Sex: |       |
|  | *Last* | *First* | *M.I.* |  |  |

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| --- | --- | --- |
| 3. Location: |       |       |
|  | *City* | *Country* |

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| --- | --- |
| 4. Job Title: |        |

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| --- | --- | --- |
| 5. Name of government institution where you work: |       |       |
|  | *Institution* | *Department or Office* |

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| --- | --- |
| 6. Years of experience in your present position: |       |

7. In your career have you created a new program, project or initiative that required institution-wide approval?  Please explain. (200 word limit)

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8. Why do you wish to attend this training? What benefits for your teaching or research and for your institution do you envision resulting from the training?  (200 word limit)

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| --- | --- | --- | --- | --- |
| 9. Phone Number: |       |       |  10. Email: |       |
|  | *Country Code* | *Phone Number* |  |  |

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| 11. Are both you and your city partner available to attend a training on 8-9 March 2020 in Tokyo? |
| Yes[ ]  | No[ ]  |

12. Are you in need of travel support (flight and/or accommodation)? Please specify and explain why support is needed.

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