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| **APPLICATION FORM****round ii** **“Certificate program in advanced management”**  |

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| OFFICIAL PUBLIC ANNOUNCEMENT ROUND II | **CERTIFICATE PROGRAM IN ADVANCED MANAGEMENT** |

PROGRAM OBJECTIVE

The objective of the program is to introduce and implement best practices derived from international experiences of successful innovative companies in different productive sectors in order for the beneficiary to adopt and adapt these practices and implement them in their workplace

**Note: All fields are mandatory.**

1. **Personal Data**

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| **PARTICIPANT´S GENERAL INFORMATION** |
| 1. NAMES :       | 2. LAST NAME :      | **FOR SENACYT´S USE** |
| 3. NATIONAL ID No. (CEDULA)/ PASSPORT No.:      | 4. E-MAILS:      | **REQUEST CODE**BERKCERT II-2014\_\_\_\_\_\_\_ |
| 5.COUNTRY OF BIRTH:      | 6. PROVINCE OF BIRTH:      |
| 7. SEX:    | 8. CELL PHONE NUMBER:      |
| 9. HOME/OFFICE PHONE NUMBER:       | 10. RESIDENTIAL ADDRESS:       |
| 11. POSTAL ADDRESS:     13. Web Page:      | 12. FAX:      | **DATE AND TIME OF RECEIPT** |
| 14. Will you require simultaneous translation*?* | Yes [ ]  No [ ]  |  |

1. **PROPONENT DECLARATION**

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| Have you been benefited by projects financed by SENACYT? Yes [ ]  No [ ]  Explain:      Are you a Panamanian residing within the Republic of Panama? Yes [ ]  No [ ]  Explain:      If your answer is Yes, would you like to apply for the economic subsidy that SENACYT is offering for the Program? Yes [ ]  No[ ]  Explain:Do you posses a Bachelor´s Degree? Yes [ ]  No[ ]  Explain:  |

**Note: The information that you present will be used to take into consideration your participation in this Program. Be as detailed and exhaustive as possible.**

1. **Write an essay on why you wish to take this Certificate Program (no more than 3 fourths of a page)**
2. **Experience in developing: products, processes, and services within a company or organization. (no more than half a page)**

1. **PROGRAM EXPECTATIONS**

Explanation of the type and level of the expected benefits **(no more than 1 fourth of a page)**

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| **Curriculum Vitae** |
| **PROFESSIONAL EXPEREIENCE** |
| **ACTIVITY** | **NAME OF POSITION** | **FROM** | **TO** |
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| **EDUCATION** |
| **DEGREE OBTAINED** | **INSTITUTION** | **YEAR** |
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| **ASOCIATIONS WHICH YOU BELONG TO** | **REGONITIONS RECIEVED** |
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|  WHAT PERSONS WOULD YOU RECOMMEND FOR THIS COURSE? |
| **NAME** | **COMPANY** | **E-MAIL** | **TELEPHONE** |
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1. **CERTIFICATIONS**

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| With the delivery of this application form, the proponent accepts the obligation to comply with the terms indicated in the Program´s Public Official announcement and Regulatory document, both available in SENACYT´s Web Site. **I hereby certify that the declarations presented here (excluding all scientific and /or technical hypothesis and opinions) are true and complete.** **Yes [ ]  No [ ]** * \***Signature**
* \***Date:**
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