



MASHAV
Centre for International Cooperation
Ministry of Foreign Affairs
Jerusalem

Dear Applicant,

We are pleased that you are applying for a study program in Israel. In order for us to consider your application, please complete the enclosed form (2 copies) and return them to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. Either type your answers or print legibly. This will facilitate the application process and enable us to make our decision in as short a time as possible.

You will then be notified by the Israeli representative.

Thank you, and we wish you all the best for the future.

ESSENTIAL:

This application form must be either **TYPED OR PRINTED LEGIBLY IN THE LANGUAGE OF THE COURSE**, and accompanied by the following:

- Completed and approved medical certificate form
- Certificate of language proficiency (If the language of the course/program is not your mother tongue or the official language of your country).
- Photocopy of the relevant highest academic degree obtained translated to the language of course/program.
- Three additional passport photographs, apart from those affixed to the two copies of this application.
- Two letters of recommendation: from present employers or affiliation.
- These forms should reach the nearest Israeli representative at least ten weeks prior to course/program opening.

FOR OFFICIAL USE ONLY.

שגרירות/ נציגות ישראל במדינת _____ תאריך קבלת השאלון _____

ראיינתי את המועמד/ת: אישית/טלפוני
הערכת המועמד/ת והתאמה לקורס: _____

חותמת השגרירות

חתימה

תפקיד

שם

* נא לשלוח העתק אחד למש"ב ואחד להשאיר בנציגות

- שאלונים שלא ימולאו במלואם כולל חלק זה בעברית לא יטופלו
- במידה והמשתלם יתקבל לקורס, יש לצידו במכתב מטעמכם ולהסביר לו את סדרי הגעתו משדה התעופה למקום הקורס.



**MASHAV- Ministry of Foreign Affairs-
Centre for International Cooperation**

**Photo
+
Three
Copies**

1. General

Name of the course/training program _____

Name of training institution in Israel _____

Dates: _____ Language of the course _____

Financial arrangements:

Flight ticket will be paid by _____

Tuition and accommodation will be covered by _____

2. Personal Data

Surname _____ Given Names _____

Country _____ Citizenship _____

Religion _____ Passport No. _____

Date of Birth _____ Gender: Male / Female Marital status _____

Home address _____

Telephone (country code _____)(area code _____) Number _____

Fax _____ e-mail _____

3. Education

	Institute	Place	From/To	Subjects studied	Degree
Secondary school					
Technical School					
Vocational school					
Academic degrees: First					
Second					
Third					

4. Other studies / courses / seminars (Last 10 years)

Subject of course	Country	Organized by	Duration of studies	Year

5. Previous Studies in Israel

Subject of course	Year	Training Institute

6. Computer Proficiency

No _____ Yes _____

If yes, please specify skills and programs with which you are familiar (word, excel, Qtext, etc.)

7. Knowledge of languages

Mother Tongue _____

Other Languages	Reading			Speaking			Writing		
	Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

8 Employment

Name of Institution _____

Address _____

Telephone _____ Fax : _____ e-mail _____

Type of Institution (please circle): Government / NGO / Private / Other _____

Present Position _____

Description of duties _____

Former place of employment _____

Last position held _____

9. Affiliation (if relevant) - Trade Unions/ Cooperatives/ NGOs/ Others

Name of organisation _____

Address _____

Telephone _____ Fax _____ E-mail _____

Position and/or office held: _____

Name of national and/or international organization to which applicant or his organization is affiliated

Membership in other organizations: _____

10. References: Please list two people in your country or in Israel, who are acquainted with your professional qualifications

	Name	Position	Telephone	Fax
In your country:				
In Israel:				

DECLARATION

TRAINING PROGRAM _____ Date _____

I, the undersigned, Mr./Mrs./Miss _____ of (country) _____
in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the government of Israel to enable me, if I should be found suitable, to participate in a period of study and/or training in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I AM FULLY AWARE that the training opportunity given to me is designed for the benefit of my country's development. I, therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the professional institution hosting the training program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my training program.
- (F) I UNDERSTAND that the Government of Israel cannot in any way be held responsible for the material needs of my family during my stay in Israel, nor for my employment upon my return to my country.
- (G) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the training program.
- (H) I AM - to the best of my knowledge - of healthy body and mind and do not require any medical treatment or attention.
- (I) I UNDERTAKE to submit to a further medical examination before or during my studies when required to do so by the Government of Israel.
- (J) I AM FULLY AWARE that the institute does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (K) (FOR WOMEN) I AM NOT - to the best of my knowledge - pregnant, and I understand that I am liable to be sent home in case of pregnancy.
- (L) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (M) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.

MEDICAL CERTIFICATE

Surname:	Given name (s):	Date of birth:	Gender:
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To be filled out by applicant:

Have you/ do you suffer from the following:	No	Yes	If yes, please specify
A	Heart (Cardiovascular)		
B	Hypertension		
C	Diabetes		
D	Epilepsy		
E	Mental Disorders		
F	Tuberculosis		
G	Bronchial Asthma		
H	Visual Disorders		
I	Malaria		
J	Sexually - Transmitted Diseases (Including AIDS)		
K	Malignant Disorders (or other tumors)		
L	Internal Bleeding		
M	Have you undergone surgical procedures?		
N	Have you undergone medical exams during this year?		
O	Are you currently using any medications?		
P	Are you currently pregnant? If yes, what month?		

To be filled out by Family Physician/ Practitioner:

Has the applicant suffered/ suffering from the following:	No	Yes	If yes, please specify
A	Heart (Cardiovascular)		
B	Hypertension		
C	Diabetes		
D	Epilepsy		
E	Mental Disorders		
F	Tuberculosis		
G	Bronchial Asthma		
H	Visual Disorders		
I	Malaria		
J	Sexually - Transmitted Diseases (Including AIDS)		
K	Malignant Disorders (or other tumors)		
L	Internal Bleeding		
M	Undergone surgical procedures?		
N	Undergone medical exams during this year?		
O	Currently using any medications?		
P	Currently pregnant? If yes, what month?		
Q	Gynecological Disorders		
	Physical Examination: please specify:	Normal	Abnormal
R	Blood pressure		
S	Cardiac functions		
T	Respiratory		
U	Liver		
V	Spleen		
W	Lymph Nodes		
X	Edema of legs		
Y	Lab Tests:	ESR	HB/ HCT
	Results:		
		WBC	HIV
		Urine Glucose	Urine Protane
Z	Physician's Conclusions/ General Remarks:		
Physician's name:		Signature:	