



APPLICATION FORM

International Criminal Law Defence Seminar

25-28 March 2024

Application Deadline: 3 March 2024

Please complete all the information required below, do not omit any information.

Your application cannot be processed unless it is complete.

Please fill in this application form in **Microsoft Office Word format**.

A. PERSONAL INFORMATION (AS INDICATED IN YOUR PASSPORT)					
1. Surname/Family Name (as indicated in your passport)	First Name (as indicated in your passport)	Other names (as indicated in your passport)			
2. Date of birth (dd/mm/yyyy) / /	3. Place of birth	4. Nationality at birth	5. Present nationality	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
7. Permanent address E-mail (it will be used to communicate the selection results): Home Telephone (+ country/area code): Mobile phone (+ country/area code): Skype-id:			8. Present address (if different from permanent address) Home Telephone (+ country/area code): Mobile phone (+ country/area code):		
9. Person to notify in case of emergency Name: Address: Home Telephone (+ country/area code): Mobile phone (+ country/area code): E-mail:					

B. LANGUAGE PROFICIENCY

10. Knowledge of languages

What is your mother tongue?

Other languages	READ		WRITE		SPEAK		UNDERSTAND	
	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In regard to my English language proficiency, I declare that:

- English is my mother tongue.
- I hold a first or higher degree from an institution in which English is the primary language.
- I hold an official English certificate (e.g. Cambridge, TOEFL, IELTS, other).
- I do not have any English certificate. However, I hereby certify that my level of English (both spoken and written) is such as to allow me to understand lectures and actively participate in classroom debates. I understand that a phone interview can be arranged in order to assess my English language proficiency.

C. EDUCATION

Give full details, please list in reverse order.

In Column **C**, please give exact titles of degrees in original language.

In Column **D and E**, please translate titles of degrees and final dissertation in English (if necessary).

12. University or equivalent

A	B		C	D	E
UNIVERSITY NAME, PLACE AND COUNTRY	ATTENDED FROM/TO		DEGREES AND ACADEMIC DISTINCTIONS (IN ORIGINAL LANGUAGE)	DEGREES AND ACADEMIC DISTINCTIONS (IN ENGLISH)	FINAL GRADE AND TITLE OF FINAL DISSERTATION (IN ENGLISH)
	mm/yyyy	mm/yyyy			
	/	/			
	/	/			
	/	/			

13. Specialized courses or other formal training (i.e. technical school or apprenticeship)

UNIVERSITY/INSTITUTE NAME, PLACE AND COUNTRY	TYPE (IN ENGLISH)	ATTENDED FROM/TO		CERTIFICATES OR DIPLOMAS OBTAINED (IN ENGLISH)
		mm/yyyy	mm/yyyy	
		/	/	
		/	/	
		/	/	

D. PROFESSIONAL EXPERIENCE

Please list any **relevant** present/previous work experiences (internship positions included) in reverse order.

14. Employment record

14.a - PRESENT POST (last post if not presently in employment)

FROM (mm/yyyy) /	TO (mm/yyyy) /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.b - PREVIOUS POST

FROM (mm/yyyy) /	TO (mm/yyyy) /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.c - PREVIOUS POST

FROM (mm/yyyy) /	TO (mm/yyyy) /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.d - PREVIOUS POST

FROM (mm/yyyy) /	TO (mm/yyyy) /	EXACT TITLE OF YOUR POST:	EMPLOYMENT TYPE:			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Permanent	Temporary	Consultant	Other
NAME OF EMPLOYER (Type of Business):			FIELD OF WORK:			

14.e OTHERS and/or additional work experiences

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E. ADDITIONAL INFORMATION	
<p>15. How did you first hear about the Seminar? <i>You can tick a maximum of <u>three options</u></i></p>	
<input type="checkbox"/> UNICRI website <input type="checkbox"/> UNICRI Social Networks <input type="checkbox"/> UNICRI students/alumni	<input type="checkbox"/> UNICRI emailing <input type="checkbox"/> On-line (please specify): <input type="checkbox"/> Others (please specify):
<p>16. Other relevant information you would like to include. For example, information regarding membership in professional associations/societies, relevant experience abroad, disability and/or special need.</p>	
<p>17. Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violation)?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>If "yes", give full particulars of each case in an attached statement:</p>	
F. VISA REQUIREMENTS	
<p>In case you are accepted to the Seminar and you would require an entry VISA into the country, please note that the VISA process may take up to 30 days. The following information will be used by the UNICRI in order to facilitate the VISA release. UNICRI will provide you with an official invitation/acceptance letter in support of your VISA application. This will occur only after official confirmation of acceptance and receipt of registration fees.</p>	
<p>18. Do you require a VISA in order to enter Italy?</p>	<p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p><u>If answer is YES, give the following information</u></p>
19. Full name as it appears in the Passport	
20. Passport number	
21. Passport expiration date (dd/mm/yyyy)	/ /
22. To which Embassy/Consulate you will be applying for the VISA? (Give full details)	
G. ACKNOWLEDGMENTS AND PRIVACY WAIVER	
<p>By ticking this box <input type="checkbox"/> I certify that the statements made by me in answering the foregoing questions are true, complete and correct to the best of my knowledge and belief.</p> <p>Date: / /</p>	
<p>By ticking this box <input type="checkbox"/> I understand that additional supporting documents (i.e. scanned copy of your passport and/or University degrees, English language certificate, as well as supervisors and/or employer's contact details) may be requested for eventual clarifications during the selection process. Do not, however, send any supporting document until you have been asked to do so.</p> <p>Date: / /</p>	
<p>By ticking this box <input type="checkbox"/> I understand that my data will be processed and protected according to Italian Law n. 196 of June 30, 2003 and to EC Directives n. 95/46 and 2002/58 (protection of persons and others in the processing of personal data). I may at any moment request their updating, verification or cancellation by writing an E-mail to unicri.ilm@un.org</p> <p>Date: / /</p>	