



Recent picture

APPLICATION FORM

to International Courses Specializing in Public Administration (CISAP) to be sent to the Co-operation and Cultural Action Service of the French Embassy

Country:		
Title of training programme requested Dates of training programme:		
Civil Status	Graduate study	Profession
FAMILY NAME(S) in order of civil status (underline name commonly used):	Total graduate years :	Date of entry into the public service:
	Subject of speciality:	post):
Maiden name : First name(s) :		DEPARTMENT/UNIT:
Date and place of birth:	Highest degree :	ADMINISTRATION OR ESTABLISHMENT :
Nationality (ies):		TOWN/COUNTRY:
Home address:		
Phone: E-N	Mail :	Fax:
Professional address:		
Phone: E-N	Mail :	Fax:
Previou	s candidacies and training prog	grammes
Have you ever applied for an ENA or l If so, which?		
Have you ever participated in an ENA If so, which?		
If so, have you been granted a French g	government scholarship?	J Yes □ No
for administrative and educational management of audiovisual Department and the Direction of the Sch	students. The recipients of the data are: th ool. The data are also subject to treatments forcise your right to access or correct informations.	ne information collected is subject to a data processing e Department of International Relations, the IT and for statistical purposes. In accordance with French law ion related to you at any time by sending an email to all data.

Ecole Nationale d'Administration - 2, avenue de l'Observatoire - 75272 Paris Cedex 06

Graduate studies

Total graduate years : $\square 2$ $\square 3$					5 and more			
Highest degree (title, subject) :								
Titles of doctoral thesis and	or research	studies: :						
List of diplomas or university degrees obtained Name and add			ddress of e	dress of establishment			Year of graduation	
		Publi	ications					
Indicate title, name of publis	sher or revie	ew and publica	ition date (d	on sepa	arate sheet if ne	cessary)		
		Language c	······································	ieg				
Iother tongue:	.	Language c		ics				
Language proficiency:		Spoken			Written			
English	□A	□В		С	□А	□В	□С	
Other language	□A	□В		C	□A	□В	□С	
A : Basic user B : Indépendant	user C : Exp	erienced user						
		Other per	riods abroa	ad				
In what countries have yo	u lived and	for what purpo	oses?					
		Profession	nal experie	ence				
Present position:				Description of your tasks: (Indicate your personal responsibilities)				
Date of entry in this position								
Date of entry in this position:								
Administration or establishment you are working for :								
Name and title of your immediate superior :								

Previous positions Describe your professional career, indicating the administration or establishment you worked for, your post, dates of service, and the nature of your functions and responsibilities.				
Administration or estab	olishment you are working for:	Description of your tasks :		
Name of post:				
Dates: from	to			
Administration or estab	olishment you are working for:	Description of your tasks :		
Name of post:				
Dates: from	to			
	M	otivations		
For what purpose are	you participating in this cycle	?		
(to be better adapted t	to your present job, change job,	obtain a promotion? Other aim(s)?)		
	Expectation	ons from the cycle		
Given what you know o	about this cycle, which particule	ar areas do you wish to focus on ?		
What others subjects re	elated to the theme of the cycle v	vould you like to study ?		
Describe, in order of yo	our priorities, the competencies	you hope to acquire during the cycle:		

FINANCING YOUR TRAINING PROGRAMME
To cover your expenses during your stay in Paris and training fees, indicate wether you will:
☐ benefit from a scholarship from the French government
☐ benefit from a scholarship from the government of your country
☐ rely on your personal resources
☐ benefit from an other kind of scholarship (If so, which one?)
REQUIRED PAPERWORK
Official letter of presentation: This document completed and stamped by your employer is a mandatory part of the review of your application form.
IN CASE OF ADMISSION:
INSURANCE:
In order to be definitively accepted to the cycle, all candidates must present proof of adequate insurance cover
(individual liability, accident, illness) during their stay in France. Such an insurance costs approximately 100 € in Paris.
FEES PAYMENT:
I undertake to send to the Co-operation and Cultural Action Service of the French Embassy, a week before the start of training:
1: IF I BENEFIT FROM A SCHOLARSHIP FROM THE GOVERNMENT OF MY COUNTRY: the admission letter signed and the registration form* completed and signed by the funder
2: IF I TAKE OVER MYSELF THE FEES: the admission letter and the registration form* I have completed and signed and I undertake to pay the amount (\notin 600 or \notin 825) in cash on the first day of the training.
* The French embassy will sent you the registration form along with your admission letter.
Note: Registration is only final if the supporting funding were submitted on time.
I have read the conditions for admission in CISAP and agree to abide by them.
Date: Signature:
Bute:
Any inexact or incomplete declaration can lead to a candidate's rejection or exclusion from the cycle.
Any thexact of incomplete accuration can teat to a canadate's rejection of exclusion from the cycle.
SECTION TO BE FILLED BY THE FRENCH EMBASSY (compulsory)
Considering the candidate's functions, the administration which employs him, and the training requested, my assessment of the application is: Very favorable Favorable Reserved
Level of English:
Level of English .
Is this training in the context of a bilateral cooperation project? Yes No If so, which?
Is there a French government scholarship possibility in support of this candidacy? : Yes No
Reason for decision:
Data
Date: Stamp of the
Name and position: Stamp of theFrench embassy (compulsory)
Name and position:French embassy (compulsory)
Stamp of the

APPLICATION FORM SPECIALIZED INTERNATIONAL CYCLE IN PUBLIC ADMINISTRATION (CISAP)

OFFICIAL LETTER OF PRÉSENTATION

This form is to be filled in by the competent administrand attached to the application form:	ration of the government presenting the candidacy,
Le Gouvernement de	
Présente la candidature de M/Mme	
Functions:	
For participation in a CISAP (International Course Specific French School of Administration (ENA)	ecializing in Public Administration) organised by the
from	to
On the theme:	
Certifies that: a) The specialised training acquired by the above candid administration and to our country. If the candidate is accellis/her competencies in the field in question. b) All information provided by the candidate is completed. C) The administration SUPPORTS DOES LIVE EXPENSES DURING TE	epted, he/she will be called on to exercise fully e and exact. NOT SUPPORT
Place and date:	
Name of administration or establishment:	
Official stamp (Compulsory):	Signature of the authority responsible for officially presenting the candidate's request:
	Name and position: