



The Abdus Salam  
International Centre for Theoretical Physics



## Application form - guidelines

for applicants  
FROM CHILE (only)

# LATIN AMERICAN SCHOOL ON COMPUTATIONAL MATERIALS SCIENCE

19 - 30 January 2009

Santiago, Chile

## GUIDELINES FOR REQUESTING PARTICIPATION

- Scientists and students from all countries which are members of the United Nations, UNESCO or IAEA may attend the activity.
- Participants must have an adequate knowledge of English and of Linux.
- It would be of assistance to the Selection Committee if this request for participation were accompanied by a Curriculum Vitae and a Research Abstract. Moreover, at least one letter of recommendation from a senior scientist/teacher, should be sent directly by recommender via e-mail or post, to Professor Eduardo Menéndez Proupin (see contact details below).
- There is no registration fee to be paid.
- Financial support to cover travel may be requested only by candidates from outside Chile, for international travel.
- Further details about the School can be found at [http://cdsagenda5.ictp.trieste.it/full\\_display.php?smr=0&ida=a08192](http://cdsagenda5.ictp.trieste.it/full_display.php?smr=0&ida=a08192) and <http://www.gnm.cl>

## REQUEST FOR PARTICIPATION

The Application Form (and attachments) should be completed and returned before **10 November 2008** either PDF or .doc file or paper to:

Professor Eduardo Menéndez Proupin, Universidad de Chile, Facultad de Ciencias, Departamento de Física, Casilla 653, Santiago, Chile e-mail: [emenendez@uchile.cl](mailto:emenendez@uchile.cl)

Only applications RECEIVED before or on **10 November 2008** will be considered.

APPLICATION FORM

**Latin American School on Computational Materials Science**

**19 - 30 January 2009**

**Santiago, Chile**

**INSTRUCTIONS**

Each question must be answered clearly and completely. Type or print in ink. If more space is required, attach additional pages. This form should be forwarded to the address specified in the cover page **to arrive no later than 10 November 2008**

**NOTE:** This request will be processed **only** if the permanent address (and present address, if different) is clearly indicated.

I hereby attach to this application form also

my updated curriculum vitae

research abstract

**P E R S O N A L   D A T A**

SURNAME/FAMILY Name:	MAIDEN Name: <small>For women only (if applicable)</small>	First name:	Middle name(s):	Gender:
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**IMPORTANT: PLEASE ALSO COMPLETE THIS SECTION, IF YOUR NAME(S) IN YOUR PASSPORT ARE SPELT DIFFERENTLY FROM THE ABOVE.**

SURNAME/FAMILY Name:	MAIDEN Name: <small>For women only (if applicable)</small>	First name:	Middle name(s):
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.....

Place of birth ( <i>City and Country</i> ):	Present nationality:	Date of birth: <i>Day - Month - Year</i>
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Full name and address of permanent Institution:	Institute:	Tel. No.
		Telefax
	Your Office:	Tel. No.
		Telefax
	Your E-mail:	

Full name and address of present Institution : <i>(if different from permanent)</i>	Institute:	Tel. No.
		Telefax
	Your Office:	Tel. No.
		Telefax:
	Your E-mail:	

*until:* Date .....

Name and address of person to notify in case of emergency - Relationship:	Tel. No.
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EDUCATION (higher degrees)

University or equivalent

Name and place

Years attended

from

to

Degrees

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Seminars, summer schools, conferences or research

Name and place

Year

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SCIENTIFIC EMPLOYMENT AND ACADEMIC RESPONSIBILITY

Research Institution or University

Name and place

Period of duty

From

to

Academic

responsibilities

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Present employment and duties

Have you participated in past ICTP activities? If yes, which?

Yes

No

Mention briefly your previous research experience, and explain your reasons for wishing to participate in this activity:

Please indicate name and affiliation of the person(s) to whom a letter of recommendation has been requested. The letter(s) should be sent duly signed to the Selection committee directly by the recommender(s), by e-mail or post to the address specified in the cover page, by 10 November 2008

List any other scientific achievement, skill, or evidence (e.g. publications) that you believe the Selection Committee should consider when taking a decision on your application:

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Indicate below your proficiency in the English language

Reading:	Good	<input type="checkbox"/>	Writing:	Good	<input type="checkbox"/>	Speaking:	Good	<input type="checkbox"/>
	Average	<input type="checkbox"/>		Average	<input type="checkbox"/>		Average	<input type="checkbox"/>
	Poor	<input type="checkbox"/>		Poor	<input type="checkbox"/>		Poor	<input type="checkbox"/>

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Indicate below your proficiency in the use of:

Linux:	Good	<input type="checkbox"/>
	Average	<input type="checkbox"/>
	Poor	<input type="checkbox"/>

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**REQUEST for Financial Assistance**

(The possibility of applying for TRAVEL grants is given only to applicants outside Chile)

**Please tick ONE box only:**

Board and Lodging only

No financial support requested

**I certify that if granted funds for board and lodging, I shall attend the whole activity for which I received support.**

.....  
Signature

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**Signature of applicant**

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**Date**