

Application Form

Application Date:

yvvy- mm-dd

IMPORTANT: Please fill out this application form using the last version of Adobe Acrobat PDF Reader. You may download this software free of charge from the official Adobe website by following these easy steps:

- Step 1: Go to the following official <u>Adobe Acrobat Reader</u> website.
- Step 2: Select your operating system (Windows, Mac or Android), language, and version, and click on "Download now."
  - For iPhone, please go to the official Apple iTunes website.
- Step3: Install the App in your computer or smart-phone device and select the App when opening the application form.

Please fill out the form by typing directly into each field. You may use the Tab key to navigate to the next fields.

Thank you for completing this Application Form for WISPAD's Programs. The form is designed to be filled out within 20 minutes. Please answer all questions; this application needs to be fully completed before review by the Admissions Department. Once completed, please click on the Submit button at the end of the form, which will automatically prepare your email to send the form to our Admissions Department (admissions@wispad.org).

CONFIDENTIAL: All the information you provide below is used ONLY by WISPAD's Admissions Department.

Last name	First name		Gender:	M	F
Name in Chinese	Mobile phone				
Place of Birth: Country	Prov./State		City/Town		
Country of Citizenship	Date of Birth				
Preferred e-mail		yyyy-mm-dd			
Please select from this list the specific Workshop and date that you are applying for:					

# Academic/Professional Background and English Proficiency

In this section, you will find a number of questions regarding information and preferences that are very important for assessing your background, expertise, and language proficiency. Please mark inside the squares or fill out the blanks as necessary.

## **Current and Previous Levels of Instruction**

Undergrad Major	Master Degree Major	Doctoral Degree Major
University	University	University
Year Completed	Year Completed	Year Completed
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### Work Experience:

Please identify organization name, position, and time of your MOST RECENT job experiences, starting from your CURRENT job.

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Org./CO	Title/Posit.	From yyyy - mm	To yyyy - mm
Org./CO	Title/Posit.	From yyyy - mm	То уууу - mm
Org./CO	Title/Posit.	From yyyy - mm	То уууу - mm
Please estimate your	total years of professional experience		

## Level of English Proficiency

What is your overall level of English proficiency?

## **Organization Information**

In this section, you will find a number of questions regarding your current position in your organization, as well as in-formation of your organization. Please mark inside the squares or fill out the blanks as necessary.

## Your position in the organization

Your current title or position

Division or Department

## Basic information about your organization

Name of Organization (in English)

Name in Chinese (Chinese characters)

Organization Country

Organization Address:

Province City District Street Building/Ap Zipcode

Organization's webpage Phone

## Specific information about your organization

Select as many sub-sectors as they apply by holding the "Ctrl" key on your keyboard.

Are you the chief executive officer Yes No

Are you the founder Yes No

Organization founding year

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Number of paid full-time employees

Number of paid part-time employees

Please indicate your organization's subsector(s):

Approximate number of volunteers

Other sub-sector (please specify)

## Please give further information about your organization

Please briefly describe the main purposes of your organization. If possible, include the vision and mission statement.
Which do you consider as the most important strategic and operational challenges and opportunities that your organization currently faces?
What are your overall goals in attending this Workshop? Please include goals related to your organization or your own professional development.  Please briefly tell us how and through whom you knew about WISPAD's Workshops:
How did you hear about WISPAD?  Others? Please specify
Others? Please specify  If someone recommended WISPAD to you, please tell us:
The recommender's name
The recommender's organization
Information for Official Chinese "Fapiaos"

WISPAD issues official Chinese "Fapiaos" for Workshop fees. If you would like to receive a Fapiao, please provide the relevant information below including your organization name as you want it to appear in the Fapiao, and the tax identification number.

Organization name for Fapiao

Tax identification number

## **Subsidized Workshop Fee**

Thanks to the generosity of WISPAD's partners, the fee of the Workshops has been subsidized according to the following schedule:

		Organizations's Place of Incorporation			
		Foreign	Chinese 1st Tier Cities	Chinese 2nd Tier Cities	Chinese 3rd Tier Cities and Below
_	Forprofits / Individuals	¥5,600			
Type ot Organization	Foundations, Public Agencies, and Multinational Organizations	¥3,000			
토	Social Enterprises	¥3,000	¥2,700	¥2,600	¥2,600
_ q	Private Non-Enterprises	¥2,700	¥2,500	¥2,200	¥1,700
	Social Organizations	¥2,600	¥2,400	¥1,800	¥1,100
Workshop Fees for Special Organizations*					
		Organizations's Place of Incorporation			
			Chinese 1st Tier Cities	Chinese 2nd Tier Cities	Chinese 3rd Tie Cities and Below
Type of Org.	Social Enterprises		¥1,900	¥1,800	¥1,800
	Private Non-Enterprises		¥1,800	¥1,500	¥1,200
	Social Organizations		¥1,700	¥1,300	¥800
*Chi	nese Organizations with main progra	ms DIRECTLY	Serving Poor and N	eedy Individuals	, and without
traini	ing funding from external public or p	rivate cources			

## **Payments**

Once you are accepted into a Program, you will receive an official acceptance letter and an invoice for the enrolled Workshop. Payment of the subsidized Workshop fee is due within 7 days of the invoice date. If the Workshop starts in less than w2 eeks after acceptance, payment is due upon reception of the invoice. You may pay for your WISPAD Program by check, wire transfer, or direct deposit. The payment details will be provided with the invoice.

#### **Cancellations**

If after enrolling you need to cancel your participation in any of our Programs, you need to submit a request per e-mail at least 10 days before the start of the Workshop in order to receive a full refund. Given the high demand of the Workshops, cancellations received less than 10 days before the start of the program will not receive any fee reimbursement.

## **Additional Financial Considerations**

- ♦ The full cost of a WISPAD Workshop is ¥ 5,600.
- ♦ If you or your organization can pay the full cost or a higher price than the subsidized fee that you will be able to receive, you will help WISPAD to continue offering and expanding its high quality services in China.
- \$\phi\$ Given WISPAD's commitment to the development of China's social sector, we hope that financial considerations will not hinder any qualified candidate from attending our Workshops.

#### Organization's Budget

Please state the amount of your organization's annual total budget.

Please state the amount of your organization's annual training budget.

I state that the information provided above is true to the best of my knowledge, and that I have read and agreed with all the terms stated for payments and cancellations.

Full Name Date

yyyy-mm-dd