**CEOI sponsorship to ESA’s Space Optics and Instrument Design and Technology course.**

**Application Form**

**Personal Information**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email address** |  |
| **LinkedIn page (optional)** |  |
| **Highest academic degree**(include degree title and university) |  |

**Current Professional / Academic Situation**

(\*If your current position started less than 12 months ago, provide information about your previous position in row 2.)

|  |  |
| --- | --- |
| **Starting Date**  | **Position and Employer** |
| 1. |  |
| 2.\* |  |

**Referee**

|  |  |
| --- | --- |
| **First Name and Last Name (Title)** |  |
| **Function and Employer** |  |
| **Contact Details** |  |

**Motivation**

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| **Please explain why you need CEOI support to attend SOIDT2024** |
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| **Please describe how will you use the knowledge gained at SOIDT2024** |
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| **What longer term impacts do you expect, in terms of technical outputs and career development** |
|  |

**To complete your application, you must approve the following statements:**

|  |  |
| --- | --- |
|  | **Tick (X)** |
| I am a UK resident and the information I have provided is accurate.  |  |
| Within a month of completing the course, I will submit a summary (half a page to one page) of my experience on the training course and benefits – this may be used in part or in whole in public communications by UKSA and/or the CEOI (e.g. website, LinkedIn). I understand that payment of eligible expenses will be withheld until this is completed. |  |
| I will provide the CEOI with a copy of the certificate of attendance delivered by the course organisers at the end of the course. |  |
| I understand that the receipts must be submitted for my expenses claim to the CEOI after returning from the training. Only eligible expenses incurred  |  |
| I understand that I may be contacted by UKSA or its agent for the purpose of Monitoring and Evaluation (M&E) of the CEOI programme for a period of 5 years, and that my contact details will therefore be shared with and stored by the relevant entities for this purpose. |  |
| I understand that I may be liable to reimbursing the CEOI (registration fees and accommodation) if I fail to comply with any of these terms and conditions. |  |

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| **Signature and Date:** |