



Australian Government



Australia Awards

AUSTRALIAN DEVELOPMENT SCHOLARSHIPS

PRELIMINARY APPLICATION FORM

LIB-ADS

(Please fill out this form in English)

1. PERSONAL DATA

Surname:First names:M/F:

Home Address:.....

Home Tel N°: Mobile phone N°: Work Tel N°:

Fax N°: Email address:

Will you be 50 years of age or less at the date of application?Date of Birth:

2. WORK EXPERIENCE

Name of employer: Present position held:

Public sector [] Private sector [] Civil Society []

Address & Location of employment (State, District, or Town):

.....

Do you have a minimum of four years post-graduation work experience since attainment of your first tertiary qualification? []

If yes, give details:

.....

3. EDUCATION/TRAINING BACKGROUND

Do you already hold or are you currently studying a Masters qualification?

Do you possess a Bachelors Degree of four years duration or longer? [] .. If yes, please provide details below:

Bachelors Degree []: Other equivalent international qualification recognised by the Liberian Government []

Institution(s) where graduated? (Name of country where relevant)

Year of graduation: Final score achieved: Length of degree (years):

Name of degree and discipline / specialisation:

Proposed course of study in Australia:

4. CHECKLIST OF ATTACHMENTS TO BE SUBMITTED WITH THIS APPLICATION

- Current Curriculum Vitae [] Certified copy of tertiary degrees and transcripts [] certified copy of identity document []
Reintegration Plan (if it is not possible for your reintegration plan to be signed by your employer as part of the preliminary application, your employer must do so prior to the offer of a scholarship)

(Signature)

(Date)

5. ENDORSEMENT OF DEPARTMENT HEAD

(Signature)

(Name and Position)

(Date)

Please email the following details to application@adsafrica.org as proof of submission of your preliminary application: full name; country of residence; contact phone number; email address; date of submission of application; agency to whom application was submitted. Please include the code LIB-ADS in the email subject line.



ATTACHMENT 1. REINTEGRATION PLAN

i. Name of Applicant: _____

ii. Name of Employer: _____

iii. Current Position of Applicant: _____

iv. Award and field of study applied for: _____

QUESTION 1: GENERAL EXPECTATIONS

1 a. [CANDIDATE] Please explain why you expect the completion of this award to give you greater opportunities to contribute to relevant activities in your workplace (**Response must be no less than 200 words, but no more than 400 words**):

1 b. [EMPLOYER] Please explain why you expect the completion of this award by the above employee to give your organisation greater opportunities to contribute to relevant development activities (***Response must be no less than 200 words, but no more than 400 words***):

SIGN-OFF

We the undersigned, declare the information provided above to be a true and accurate representation of our respective intents:

Applicant:

Name

Signature

Date

Employer Representative:

Name

Position

Signature

Date