|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A black background with blue text  Description automatically generated  **APPLICATION FORM Training Course**  **EFFECTIVE WEAPONS AND AMMUNITION MANAGEMENT IN A CHANGING DISARMAMENT, DEMOBILIZATION AND REINTEGRATION CONTEXT**  **Accra, 11-15 November 2024** | | | | | | | |
| **First Name:** | | | **Last name:** | | | | **Gender:** |
| **Date of Birth (dd/mm/year):** | **Nationality:** | | | **Email:** | | | **Phone (WhatsApp):** |
| **Language proficiency:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **READ** | | **WRITE** | | **SPEAK** | | | **Easily** | **Not Easily** | **Easily** | **Not Easily** | **Easily** | **Not Easily** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | | | |
| **Organization:** | | **Position/Work title:** | | | | **Duty Station:** | |
| **Short Bio:** | | | | | | | |
| **Motivation Statement:**  **(Please explain what motivates you to apply for this training, what your expectations from this training are and how you would benefit from it, max. of 2,000 characters):** | | | | | | | |
| **Do you need a visa to enter Ghana?** | | | | | **Yes**  **No** | | |
| **I confirm that my organization will cover my flight ticket and daily subsistence allowance to attend the training. The training, accommodation and 3 meals/day are provided at no cost.** | | | | | | | |