

APPLICATION FORM

ANNOUNCEMENT
FICSA WORKSHOP FOR STAFF REPRESENTATIVES ON MENTAL HEALTH
(IMO London, 6 and 7 November 2019)

[Please type or complete in block letters]

Part 1 - to be completed by the applicant	
Mr. / Ms.	
Last name	
First name	
Organization <u>and</u> duty station	
Email address	
Job title	
Role in staff representational bodies:	
Part 2 - to be completed by the applicant's sponsor	
Name and title	
Date and signature	
Part 3 - to be completed by FICSA (internal use only)	
Application endorsed by FICSA	
CHF 200 fee per person	Applied / Not applied
30% discount	Applied / Not applied

To be returned to the FICSA Secretariat: ficsa@un.org