

Application Instructions



Diplomacy and National Security | 27 June - 8 July, 2019



Application Checklist

To complete and submit your application to the Admissions Committee for evaluation, please ensure that all the following documents have been fully completed:

- **Registration Form**
- **Sponsors' Guarantee of Payment Form** (signed and stamped by the sponsor)
- **Visa Application Form:**
 - Signature on any pre-existing health conditions
- **Signed Declaration of Intent**
- **Passport Pages Photocopies:**
 - Personal information pages
 - Visa stamps
 - Extension date (if applicable)
- **Detailed Curriculum Vitae**

Please ensure that ALL the above has been completed and included in your application.

Kindly note that additional documentation maybe requested from you, following your submission.

All forms and documents should be sent by email to: ogabrieli@galilcol.ac.il or by Fax: (+972) 4 6514811



Registration Form



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Candidate Information

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>		
Company/ Organisation	<input type="text"/>		
Company website	<input type="text"/>		



Street Address (Business)	<input type="text"/>		
City	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>		



Phone (Organisation)	<input type="text"/>	Home Phone	<input type="text"/>
Fax (Organisation)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Skype	<input type="text"/>



Skills and Education

Last Degree Attained	<input type="text"/>
Institution	<input type="text"/>



How Did You Learn About the Programme?

Direct contact from Galilee Institute: ☐ Phone Call ☐ Email ☐ Facebook ☐ LinkedIn

Through: ☐ GIMI Graduate ☐ Employer ☐ Other Name:



Financial Support

Galilee International Management Institute offers qualified applicants a scholarship that covers the tuition fee. Would you like to apply for a tuition scholarship? ☐ Yes ☐ No

I am applying under the Organization of the American States Agreement ☐

Person or organisation responsible for payment of local expense fee

(Please complete and stamp enclosed Sponsor's Guarantee of Payment form)

Sponsors' Guarantee of Payment



Candidate Information

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>		
Company/ Organisation	<input type="text"/>		



Sponsor Information

Name of sponsoring officer (name of the person responsible for the payment)

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>		
Company/ Organisation	<input type="text"/>		



Street Address (Business)	<input type="text"/>		
City	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>	Fax	<input type="text"/>
Phone	<input type="text"/>		
Email	<input type="text"/>		

Local Expense Fee:

\$5,900 for Single Occupancy (one person in a room)| Early Bird Discount: \$200*

*We are delighted to offer a special discount to any applicant who completes the registration process at least two months prior to the beginning of the programme.

The invoice for the local expense fee will be sent to the person indicated above according to the requested accommodation arrangement. Please note that the admissions committee will not take action until this form is fully completed and submitted.



Date

Organisation
Stamp



Signature of
Sponsoring
Officer



Visa Application Form



Candidate Information

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Surname	<input type="text"/>
Previous Surname	<input type="text"/>	Religion	<input type="text"/>
Country of Birth	<input type="text"/>	Nationality	<input type="text"/>
Birth Date	<input type="text"/>		
Family Status	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Divorced <input type="radio"/> Widowed



Previous Visa Information

Visited Israel Previously	<input type="radio"/> Yes <input type="radio"/> No	Dates	<input type="text"/>
Purpose of Previous Visit	<input type="text"/>		
Country Visited	<input type="text"/>	Date of Visa Issue	<input type="text"/>
Country Visited	<input type="text"/>	Date of Visa Issue	<input type="text"/>



Passport Details

Number	<input type="text"/>	Issued at (City, Country)	<input type="text"/>
Expiration Date	<input type="text"/>		
<input type="radio"/> I hold a Service/Diplomatic Passport			

As per the requirements of the Israeli Ministry of Interior, in order to process an entry visa the passport MUST be valid for a **minimum of 7 months** after the intended date of the participants' entry into Israel.



Do you have any pre-existing medical conditions?

☐ Yes ☐ No

If yes specify here	<input type="text"/>		
Name	<input type="text"/>	Signature ➤	<input type="text"/>
Date	<input type="text"/>		

Health Insurance provided by Galilee Institute DOES NOT cover any pre-existing conditions or health problems that began prior to arrival in Israel, including but not restricted to any side effects of HIV/AIDS and HIV/AIDS medication, pregnancy treatment and childbirth.

Declaration of Intent

Name	<input type="text"/>	Surname	<input type="text"/>
Citizenship	<input type="text"/>	Passport Number	<input type="text"/>

I hereby declare that I do not intend to stay in Israel illegally, work in Israel or otherwise violate the conditions of my visa (visa type B2). I will not misuse this visa to request political asylum or any other type of asylum from the state of Israel.

Date	<input type="text"/>
Signature ➤	<input type="text"/>