

APPLICATION FORM Upskill Series

LEADERSHIP FOR ADVOCACY

16-17 March 2026

Please **complete** this form and **return it by e-mail** to Ms. Jimmye Johnson, Admission Officer, at: <u>ee.programadvisor@graduateinstitute.ch</u> (+41 22 908 57 09), with your CV attached.

All fields marked with an asterisk (*) must be completed.

PRIVACY AND PROTECTION OF YOUR PERSONAL DATA

To process your application for evaluation, we collect and store your personal data. By completing this form, you agree to the processing of this data. For more information, please consult the Privacy Policy.

ER					

Family name (*)				First name (*)	
Date of birth (*)	Day	Month	Year	Gender (*)	☐ Male ☐ Female
Nationality					

ADDRESS (for correspondence)

Street (*)	Telephone number (Home)	
NPA (*)	Telephone number (Work)	
City (*)	Mobile	
Country (*)	Email (*)	

ENGLISH

Applicants are expected to be **proficient in English**, although **no certificate** is required.

GENERAL EDUCATIONAL BACKGROUND

Please list the last academic institutions you have attended, and the last degree completed.

Degree Type	
Subject	
Year completed	
University / Institution name	



APPLICATION FORM Upskill Series

PROFESSIONAL BACKGROUND									
Please indicate your number of years of professional experience (*) :									
□ 0 – 4 □ 5 – 9 □ 10 – 14 □ 15 & more									
Please list the organisations you have worked for and the last 2 positions held.									
Position held	Type of activity	Name of organisation	Location (country)	Starting year	Duration				
OUR CURRE	NT JOB								
OTIVATION									
Please describe	e your motivatio	on (eg.: skills / knowledge	you expect to obtair	ı,). Please write a	concise answer.				
☐ I want to rece	ive information :	THANK YOU FOR about our Executive Educa	YOUR APPLICATION Programmes	ON!					
		about our Executive Educa		nts					