



# PLANADES

Planning and Development Research Foundation, Inc.

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## INTERNATIONAL FELLOWSHIP PROGRAM APPLICATION FORM

2"X2" ID Photo

### Personal Information

Family Name:		First and Middle names:	Nationality:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Permanent address:		Contact Details:	
<input type="text"/>		Mobile:	
		<input type="text"/>	
Email:		Occupation:	
<input type="text"/>		<input type="text"/>	
Date of birth: (dd/mm/yyyy)	Sex:	Occupation:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Present Address:			
<input type="text"/>			
Affiliation (Research Institution/ University/ Organization Name):			
<input type="text"/>			
In case of employee, present designation:			
<input type="text"/>			
Research Institution/ University/ Organization Address:			
<input type="text"/>			
Degree:	Specialization:		
<input type="text"/>	<input type="text"/>		
Research Theme:			
<input type="text"/>			

**Academic and Professional Background**

Use extra sheet if needed

<b>Degree</b>	<b>School Attended</b>	<b>Inclusive Dates</b>

**Completed researches and studies as well as published works**

relevant to environmental planning including urban and regional planning – SDGs, Climate Change Adaptation and Mitigation (CCAM), Disaster Risk Reduction (DRR), community-based Climate Change and Disaster Risk impact resiliency, transit-oriented development, real estate management and planning, risk-sensitive and inclusive land use and development planning, and other related fields and sectors which are directly or indirectly involved in national to local/ urban land use and development planning

Use extra sheet if needed

<b>Title (Indicate relevant details)</b>	<b>School Attended</b>	<b>Inclusive Dates</b>

**Work experience**

Use extra sheet if needed

<b>Organization</b>	<b>Position</b>	<b>Inclusive Dates</b>


### **Current Research Work**

Title of Research:

Summary of Research:  
(in less than 300 words)

Expectation on Fellowship Program:

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**Endorsement from affiliated organization**

Name of the Organization/ Institution:

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Address:

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Head of the Organization/ Institution:

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PLANADES Partner Organization/ Institution

Yes       No

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Signature over printed name  
of the Head of Organization/ Institution

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge. FURTHER, I HEREBY give my consent to PLANADES to collect, use and process my personal information. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

**Applicant's signature over printed name**

**Date**