

1. Personal Data

Solar Thermal Curricula and Training Frameworks for ECOWAS Region

Title of the training

Surname

C.V. APPLICATION FORM

2.2. Other Specialized Training undertaken Length of Training Thematic Focus of Training (No. of weeks or months)	Exact Title of Qualificati e/Diploma/Certificate) o		ear of conclusion
Country of residence: Postal Address: Emails: Mobile phone: WhatsApp: 2. Education: 2.1. Higher Educational Training Name of Educational Institution or University attended and Country (Degree 2.2. Other Specialized Training undertaken Length of Training Thematic Focus of Training (No. of weeks or months)			ear of conclusion
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3. General Professional Experience relevant to this application	Na.		
Summary of tasks performed that are relevant to this application (Minimum 5 years of experience as a professional in the field of Sc			
Period of Employment Name of Employer		Job Title / Position	n Held
MM/YYYY MM/YYYY			





3.1. Relevant experience on S		l colination	Donition Hold
Name of Project	Total System Capacity (provide relevant details)	Localization (City and Country)	Position Held

Languages	Spoken (Excellent, Very Good, Fairly Good)	Written (Excellent, Very Good, Fairly Good)	prac	nat afforded you the op ticing the language ssional or school life)	portunity of
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{Indicate only the languages that you have working knowledge of, while specifying your level of proficiency}

5. Skills/qualifications relevant to this application:

Describe specific previous or actual tasks indicating your qualificatio concept note of the training programs)	ns and abilities to parti	cipate in the training programme (see the

6. Certification:

I, the undersigned, certify that the information provided in this CV regarding my person, academic qualifications and professional experience are true. I agree to be available to participate in the training if my application is selected.

Any misrepresentation or information provided incorrectly in this CV may justify my disqualification.

Name of Applicant	Date (DD/MM/YYYY)
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