

**WISPAD®**

7CBQ @HB; f69=>B; L@HB

Application Form
WISPAD Programs

Application Date: _____

yyyy - mm - dd

WISPAD's Application Form

Thank you for completing this Application Form for WISPAD's Programs. The form is designed to be filled out within 20 minutes. Please answer all questions; this application needs to be fully completed before review by the Admissions Department. Please complete the form, save it electronically, and send it as an attached document to our Admissions Department at admissions@wispad.org.

Last name _____		First name _____		Gender	<input type="radio"/> M	<input type="radio"/> F
Nickname/Familiar Name for Name badge _____			Name in Chinese _____			
Place of Birth:	Country _____	Province / State _____	City/Town _____			
Country of Citizenship _____			Date of Birth _____ yyyy - mm - dd			
Preferred e-mail _____			Mobile phone _____			
Please select from the list the specific Workshop and date that you are applying for:						

Academic/Professional Background and English Proficiency

In this section, you will find a number of questions regarding information and preferences that are very important for assessing your background, expertise, and language proficiency. Please mark inside the squares or fill out the blanks as necessary.

Current and Previous Levels of Instruction

Undergraduate Major _____	Master Degree Major _____	Doctoral Degree Major _____
University _____	University _____	University _____
Year Completed _____ yyyy	Year Completed _____ yyyy	Year Completed _____ yyyy

Work Experience

Org./CO _____	Title/Posit. _____	From _____ yyyy - mm	To _____ yyyy - mm
Org./CO _____	Title/Posit. _____	From _____ yyyy - mm	To _____ yyyy - mm
Org./CO _____	Title/Posit. _____	From _____ yyyy - mm	To _____ yyyy - mm
Please estimate your total years of professional experience: _____			

Level of English Proficiency

Please select your level of English
in the following areas:

Listening

Speaking

Reading

Organization Information

In this section, you will find a number of questions regarding your current position in your organization, as well as information of your organization. Please mark inside the squares or fill out the blanks as necessary.

Your position in the organization

Your current title or position: _____ Division or Department: _____

What function best describes your position? Select as many as they apply by holding the "Ctrl" key on your keyboard.

Other (please specify) _____

Basic information about your organization

Name of Organization (in English): _____

Name in Chinese (if applicable, in Chinese characters): _____

Organization Address _____
Province City/District Street Building/Ap Zipcode

Organization's webpage _____ Phone _____

Specific information about your organization

CONFIDENTIAL: The information you provide below is for use by the Admission's Department only.

Are you the chief executive officer: YES NO

Are you the founder: YES NO

Please indicate your organization's subsector(s):

Organization founding year _____
yyyy

Number of paid full-time employees: _____ S

Number of paid part-time employees: _____

Approximate number of volunteers: _____

Other subsector (please specify)

Please give further information about your organization

Please briefly describe the main purposes of your organization. If possible, include the vision and mission statement.

Which do you consider as the most important strategic and operational challenges and opportunities that your organization currently faces?

What are your overall goals in attending this Workshop? Please include goals related to your organization or your own professional development.

Please answer the following questions regarding attendance and participation in the specific Workshop

How would the training provided by WISPAD's Workshop may help your work and performance in the organization?

Will you be able to attend all sessions of the specific WISPAD Workshop that you are applying for?

- Some of them Most of them All of them

Please briefly tell us how and through whom you knew about WISPAD's Workshops

Subsidized Workshop Fee

Thanks to the generosity of WISPAD's partners, the fee of the Workshops has been subsidized according to the following schedule:

Workshop Fees for All Organizations					
		Organizations's Place of Incorporation			
		Foreign	Chinese 1st Tier Cities	Chinese 2nd Tier Cities	Chinese 3rd Tier Cities and Below
Type of Organization	Forprofits / Individuals	¥5,600			
	Foundations, Public Agencies, and Multinational Organizations	¥3,000			
	Social Enterprises	¥3,000	¥2,700	¥2,600	¥2,600
	Private Non-Enterprises	¥2,700	¥2,500	¥2,200	¥1,700
	Social Organizations	¥2,600	¥2,400	¥1,800	¥1,100
Workshop Fees for Special Organizations*					
		Organizations's Place of Incorporation			
			Chinese 1st Tier Cities	Chinese 2nd Tier Cities	Chinese 3rd Tier Cities and Below
Type of Org.	Social Enterprises		¥1,900	¥1,800	¥1,800
	Private Non-Enterprises		¥1,800	¥1,500	¥1,200
	Social Organizations		¥1,700	¥1,300	¥800

*Chinese Organizations with main programs DIRECTLY Serving Poor and Needy Individuals, and without training funding from external public or private sources.

Payments

Once you are accepted into a Program, you will receive an official acceptance letter and an invoice for the enrolled Workshop. Payment of the subsidized Workshop fee is due within 7 days of the invoice date. If the Workshop starts in less than 2 weeks after acceptance, payment is due upon reception of the invoice. You may pay for your WISPAD Program by check, wire transfer, or direct deposit. The payment details will be provided with the invoice.

Cancellations

If after enrolling you need to cancel your participation in any of our Programs, you need to submit a request per e-mail at least 10 days before the start of the Workshop in order to receive a full refund. Given the high demand of the Workshops, cancellations received less than 10 days before the start of the program will not receive any fee reimbursement.

Additional Financial Considerations

- ◇ The full cost of a WISPAD Workshop is ¥ 5,600.
- ◇ If you or your organization can pay the full cost or a higher price than the subsidized fee that you will be able to receive, you will help WISPAD to continue offering and expanding its high quality services in China.
- ◇ Given WISPAD's commitment to the development of China's social sector, we hope that financial considerations will not hinder any qualified candidate from attending our Workshops.

Organization's Budget

Please state the RMB amount of your organization's annual total budget.

Please state the RMB amount of your organization's annual training budget.

I state that the information provided above is true to the best of my knowledge, and that I have read and agreed with all the terms stated for payments and cancellations.

Full Name: _____

Date: _____
yyyy-mm-dd

Thank you for completing this Application Form. Please send it as an attached document to the following email address of our Admissions Department: admissions@wispad.org