



## Accessible Books Consortium (ABC) Fellowship Application Form

### Applicant Information

Please complete all fields.

Date:	
Family Name:	
First Names:	
Gender:	
Date of birth (DD/ MM/YYYY):	
Street Address (City, Country, Postal Code):	
Phone number(s), including country code:	
Email address:	
Nationality (please indicate if you have more than one nationality):	
Place and country of birth:	

### Languages Spoken

Place an X in the corresponding box

	None	Basic	Intermediate	Advanced
English				
Arabic				
French				
Russian				
Spanish				

### Education

Please list the highest university degree you have obtained, or are in the process of completing:

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## References

Please provide the names of two references, with their titles, and telephone numbers (including country code), that we may contact.

1) Full Name and Title:	
<i>Telephone numbers (including country code):</i>	
2) Full Name and Title:	
<i>Telephone numbers (including country code):</i>	

## Form, Cover Letter and CV

Please send the following documents via email to [ABC.Fellows@wipo.int](mailto:ABC.Fellows@wipo.int) by **Monday, March 25, 2019, before 6:00 p.m. Geneva time:**

- a. the fellowship application form with all fields completed; and
- b. a covering letter, expressing your interest in the fellowship; and
- c. a *curriculum vitae* (résumé).