

FIJET ACADEMY FOR YOUNG JOURNALISTS

APPLICATION FORM

Mr./Mrs./Ms.	Surname:	Middle Nam	ne: Name:	
Date and Place o	f Birth:			
Home Address:				
Country:		Natio	onality:	
Passport No.:		Issued by:	Valid until:	
Private telephone	e/mobile telepho	ne:		
Professional tele	ohone/mobile te	lephone:		
E-mail:				
Professional acti	vity /Media and	address:		
If you are a freel	ancer, for which	media do you work:		
Name of the FIJI	ET national asso	ciation of the applicant:		
Mother tongue:		Other languages:		
2. Accommod The below op Institution/Un Single room	tions depend	on the physical conditions to the Double room	tions offered by the partner	
3. Travel Arr Arrival by Date and time:	plane	Flight number:	rain From: 1 or fax as soon as you get it)	
OH KHOWH, H HOU	plane	car	train To:	
Departure by Date and time:	•	Flight number: yet, send the arrival details v	via e-mail as soon as you get it)	

their employer/university.

By signing this application form I confirm my obligation to publish at least one article or broadcast report about the theme of the Fijet Academy Program I attend.

Date and place: Signature:

Emergency contact information: