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| **Centre for Development Innovation** |
| Planification, suivi & évaluation participatifs 2016 Only typed forms will be considered, returned to us by mail. |
| Période: 03 – 14 octobre 2016Ouagadougou, Burkina Faso Code: 61/21  Frais d’inscription: 1500 Euros  Date limite d’inscription non-boursiers: 05 septembre 2016 |

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| Renseignements personnels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Titre: | | | |  |
| Prénom: | |  | | | | | | | | | | | | | | | | | Nationalité: | | | | |  | | | | | | | | | |
| Email : | |  | | | | | | | | | | | | | | | | | Téléphone : | | | | |  | | | | | | | | | |
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| Sexe:  Homme  Femme | | | | | | | | | | | | État civil:  Célibataire  Marié | | | | | | | | | | | Date de naissance: | | | | | | | /     / | | | |
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| Organisme employeur actuel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l’organisation dans laquelle vous travaillez: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Département: | | | |  | | | | | | | | | | | Personne de liaison: | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Email: | | | | | | |  | | | | | | | | | | | |
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| **Adresse (sera utilisée pour correspondance) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rue: | |  | | | | | | | | | | | | | | | | | | | | | | | | | No: | | | | |  | |
| Domicile: | |  | | | | | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | |  | |
| État: | |  | | | | | | | | | | | | | | | Pays: | | |  | | | | | | | | | | | | | |
| Téléphone: | | |  | | | | | | | | | | | | | | Fax: | | |  | | | | | | | | | | | | | |
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| Type de l’organisation:  Étatique  Semi étatique  ONG  Entreprise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Activités professionnelles** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre fonction: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description de votre travail: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Expérience professionnelle (relatée au sujet du cours) | | | | | | | | | | | | | | | | | | | | | | | | | De (Mois et Année) | | | | | | à (Mois et Année) | | |
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| Nombre d'années d'expérience professionnelle (pertinent ou non pour le cours) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Années | | | | | |
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| Etudes techniques ou supérieures universitaires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domaine d’études | | | | | | | | Etablissements & Lieu | | | | | | | | | | | | Diplômes | | | | | | | | | Date d’obtention | | | | |
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| **Joindre photocopie du dernier diplôme universitaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Maîtrise de la langue française: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Excellent  Bon  Passable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Langue maternelle: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Les candidats des pays non francophones doivent joindre un certificat de maîtrise de la langue française, décerné par un institut de langues reconnu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vos attentes vis á vis la formation demandée | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Arrangements financiers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tous les coûts seront payés par: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ***A retourner, accompagnée d'une attestation de prise en charge d’une organisation donatrice*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Comment avez-vous obtenu l’information concernant le cours? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catalogue/brochure Centre for Development Innovation | | | | | | | | | Ancien participant | | | | | Ambassade des Pays-Bas | | | | | | | | | | | | | | | | | | | |
| Site web Centre for Development Innovation | | | | | | | | | Employeur | | | | | D’autres sources, veuillez spécifier | | | | | | | | | | | |  | | | | | | | |
| Autres Site web, veuillez spécifier | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | | |
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| **Je certifie a avoir répondu â toutes les questions, ci-dessus posées, en toute vérité et sans restrictions â ma connaissance, en toute bonne foi.**  **J’accepte de vous informer de toute modification qui pourrait subvenir dans les renseignements donnés ci-dessus.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date: | / | | | | | | | Lieu: | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **A compléter et retourner, accompagné par une lettre de recommandation de votre supérieur et une attestation de prise en charge d’une organisation donatrice, au:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**To be returned to:**

e-mail: [training.cdi@wur.nl](mailto:training.wi@wur.nl)

*Or see our website for online registration:*

[*http://www.wageningenur.nl/en/Expertise-Services/Research-Institutes/centre-for-development-innovation/short-courses/Shortcourses2016/CDIcourse\_Planification\_2016.htm*](http://www.wageningenur.nl/en/Expertise-Services/Research-Institutes/centre-for-development-innovation/short-courses/Shortcourses2016/CDIcourse_Planification_2016.htm)