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| OMB 1220-0179  **TRAINING APPLICATION**  **Division of International Technical Cooperation, U.S. Bureau of Labor Statistics**  **Room 2190, 2 Massachusetts Avenue, NE, Washington, DC 20212-0001** | | | | | | | | | | | | | | | | | |
| **Telephone: (202) 691-5666** | | | | | **Fax: (202) 691-5664** | | | | | | **E-mail:** [**ITCinfo@bls.gov**](mailto:itcinfo@bls.gov) | | | | [**http://www.bls.gov/ITC**](http://www.bls.gov/ITC) | | |
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | GIVEN NAME | | | | | | | DATE | | |
| SEX | | | | | DATE OF BIRTH | | | | | | | JOB TITLE | | | | | |
| Male | | Female | | | Month | | Day | | Year | | |  | | | | | |
| DESCRIPTION OF JOB DUTIES | | | | | | | | | | | | | | | | | |
| EMPLOYER | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS (Street or P.O. Box) | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | COUNTRY | | | | | | | |
| TELEPHONE | | | | | | FAX | | | | | | | | E-MAIL | | | |
| EDUCATION (Highest Degree) | | | | | | FIELD OF STUDY | | | | | | | | | | | |
| Proficient in Reading English? | | | | | | Proficient in Speaking English? | | | | | | | | Proficient in Writing English? | | | |
| Yes | | | No | | | Yes | | | | No | | | | Yes | | No | |
| COURSES REQUESTED | | | | | | | | | | | | | | | | | |
|  | |  | | --- | | Constructing Producer Price Indexes andImport and Export Price Indexes ($\_\_\_\_\_\_\_) | | | | | | | | | |  | | | Economic Indicators ($\_\_\_\_\_\_\_) | | | | |
|  | Constructing Consumer Price Indexes ($\_\_\_\_\_\_\_) | | | | | | | | |  | | | Labor Market Information: Business Establishment Surveys ($\_\_\_\_\_\_\_) | | | | |
|  | Measuring Productivity ($\_\_\_\_\_\_\_) | | | | | | | | |  | | | Labor Market Information: Household Labor Force Surveys ($\_\_\_\_\_\_\_) | | | | |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_) | | | | | | | | |  | | |  | | | | |
| ACCOMMODATIONS | | | | | | | | | | | | | | | | | |
|  | Please provide me with information about hotel accommodations. | | | | | | | | | | | | | | | | |
|  | I will arrange my own accommodations. | | | | | | | | | | | | | | | | |
| FINANCIAL SPONSOR INFORMATION | | | | | | | | | | | | | | | | | |
|  | I have not yet started to seek financial sponsorship. | | | | | | | | | | | | | | | | |
|  | Financial sponsorship has been requested from the following organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | Financial sponsorship has been granted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | | | | **NOTE: Sponsor must complete the BLS Training Payment Agreement.** | | | | | | | | | | | | |  |
| This collection of information is authorized by Title 29 of the United States Code. Providing the information on this form is voluntary. The information you provide will be used to register you for training and for other administrative purposes. We estimate that it will take an average of 20 minutes to complete this form. If you have any comments regarding this estimate or any other aspect of the form, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, Division of International Technical Cooperation, 2 Massachusetts Avenue, N.E., Room 2190, Washington, DC 20212 USA. You are not required to respond to the collection of information unless it displays a currently valid OMB control number. | | | | | | | | | | | | | | | | | |