

TRAINING APPLICATION

Division of International Technical Cooperation, U.S. Bureau of Labor Statistics

Telephone: (202) 691-5666

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<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

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

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 by emailing ITCinfo@bls.gov or calling (202) 691-5666. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.