



# ITU Fellowship Application Form Full Fellowship – Regular Budget

This form serves as your application for a fellowship to support your participation in:

**ITU World Radiocommunication Seminar 2026 (WRS-26)  
7 to 11 December 2026, Geneva, Switzerland**

**Fellowship type: FULL.** See section 1 below for further details.

**Deadline for application: 7 October 2026 (23:59 hours, Geneva, Switzerland).** Any application received after this deadline will not be considered.

## Selection Criteria

- Refer to the corresponding invitation letter for further information on the selection criteria.
- Fellowship awards for this event are governed by the [Policy for awarding fellowships for events and activities funded through the ITU regular budget](#).
- To ensure good governance in the use of fellowships, any **one individual may not be awarded more than one full fellowship, or two partial fellowships in a financial year.** In this respect, the amount granted to any one individual **shall not exceed ten thousand (10 000) Swiss Francs** in a financial year.
- Member States wishing to apply for an ITU fellowship **must not have any type of debt** related to the contributions derived from their contributory unit, except those who have agreed to a repayment plan and are in compliance with their obligations.
- **Highest-ranking officials** (Head of State, Head of Government, Minister, Vice-Minister, Secretary of State or equivalent, high-ranking diplomats) shall **not be considered** for fellowships.

## How to fill out this form

- All questions marked with \* are mandatory.
- Please print all pages of this form and complete the signature sections.

## How to submit this signed form (and any relevant documents)

- Email: [fellowships@itu.int](mailto:fellowships@itu.int) or Fax: +41 22 730 57 78

**ITU will only consider requests that meet all the above requirements**



## Conditions

1. A <b>Full fellowship</b> offer for this activity includes the following:	one (1) return economy class air ticket by the most direct/economical route from the country of origin to the location of the activity/event,  AND  a subsistence allowance to cover accommodation, meals and incidental expenses.  (Other costs will not be covered as part of this fellowship award)
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## Personal Information

2. Country *	
3. Name of Administration *	
4. Gender *	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say
5. Email address *	
6. Phone number *	

## Passport Information

7. Family/Last Name *	
8. Middle Name	
9. First/Given Name *	
10. Date of Birth (DD/MM/YYYY) *	
11. Place of Birth (City, Country) *	
12. Nationality *	
13. Passport Number *	
14. Passport Date of Issue (DD/MM/YYYY) *	
15. Passport Date of Expiry (DD/MM/YYYY) *	
16. Passport Place of Issue/Issuing Authority *	



## Education and Work Experience

17. Job title *	
18. Highest level of education completed *	<input type="checkbox"/> Doctorate Degree of Post Doctorate studies <input type="checkbox"/> 2nd University Degree (Master or equivalent) <input type="checkbox"/> 1st University Degree (Bachelor or equivalent) <input type="checkbox"/> Technical Diploma (or equivalent) <input type="checkbox"/> High school diploma <input type="checkbox"/> Other
19. Field of Studies *	
20. Number of years of relevant work experience *	<input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years+16-20 years <input type="checkbox"/> More than 20 years
21. Briefly describe your current work functions * (provide separate documents or CV as necessary)	
22. Describe your experience in relation to the activity * (provide separate documents or CV as necessary)	
23. Upon return to your country, how will you make use of the knowledge acquired during the activity * (provide separate documents or CV as necessary)	



### Additional Information

24. Have you already benefited from fellowship(s) during the current year? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Provide the activity name(s)/year(s):
25. Describe any accessibility or specific needs you may have (optional)		

### Conditions and Applicant Signature

In signing and submitting this form, I certify that I have read the following conditions and accept them in their entirety. *	Please agree to all conditions. <input type="checkbox"/> I hereby certify that the statements in this application are true and complete * <input type="checkbox"/> If selected for a fellowship, I undertake to attend the entire event * <input type="checkbox"/> If selected for a fellowship, I undertake to inform ITU whenever there are changes in my availability that will affect the terms of my ITU award *
Applicant Signature *	Date (DD/MM/YYYY) * :

### National Designated Focal Point Signature

This application shall be duly signed and authorized by the national designated focal point and/or a senior officer from the Administration/Member State.

Full name *: Job title *: Email *:	Signature *  Date (DD/MM/YYYY) * :
Stamp of the Administration/Member State *	