To apply for the EMB Young Ambassador Programme, fill out and send the signed application form and your CV to info@marineboard.eu with your supervisor in copy by **Friday 31 January 2020** (close of business). Please note that we will process this data for the purpose of selecting an EMB Young Ambassador only. We will store this data in our database, and will not share it outside the European Marine Board. We would like to keep this data until the EMB ambassador is selected, and for a maximum period of 2 years thereafter. When that period is over, we will either delete your data or inform you that we will keep it in our database for future roles.

Here’s a link to our [privacy policy](http://www.marineboard.eu/privacy-policy). In this policy, you will find information about our compliance with GDPR (data protection law). You can find how to send us a request to let you access your data that we have collected, request us to delete your data, correct any inaccuracies or restrict our processing of your data. You have the right to lodge a complaint about the way we handle your data with [Belgian Data Protection Authority](https://www.dataprotectionauthority.be/) or you can contact us at info@marineboard.eu for more information or concerns.

## Applicant Information:

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Last | First |
| Address: |  |  |
|  | Street Address | Number |
|  |  |  |  |
|  | City | ZIP Code | Country |
| Phone: |  | Email: |  |

## Current activities:

Give a short description (300 words maximum) of your current research activities, including your institute and any relevant projects you may be involved in.

Click or tap here to enter text.

Give a short description (300 words maximum) outlining any relevant experience you have in communication activities. This may include presentations and posters, website design, social media, blogs, networking events, graphic design, making videos, volunteering, etc.

Click or tap here to enter text.

Education:

Fill out you the fields that apply to you, and provide a short description for each on your specialization, PhD-topic or other relevant information.

|  |  |
| --- | --- |
| **Post Doc programme:** |  |
| **University/Affiliation** |  |
| **Start date:** |  | **End date:** |  |
| **Short description:** |  |

|  |  |
| --- | --- |
| **PhD- programme:** |  |
| **University/Affiliation** |  |
| **Start date:** |  | **End date:** |  |
| **Short description:** |  |

|  |  |
| --- | --- |
| **Master studies:** |  |
| **University/Affiliation** |  |
| **Start date:** |  | **End date:** |  |
| **Short description:** |  |

Link to an EMB member organisation:

Please indicate if there is any link with your current research activities and one of EMB’s member organizations: <http://www.marineboard.eu/members>.

Click or tap here to enter text.

Motivational statement:

Provide here your motivation (500 words maximum) in applying for the EMB Young Ambassador Programme. Please include a statement on how you believe the ambassadorship could impact your career and what you would contribute to promoting the work of the EMB. You may also include examples of communication activities you would undertake in this role.

Click or tap here to enter text.

Themes and activities:

Specify here if there are any specific EMB related activities which particularly interest you. A full list of all EMB activities is available on the EMB website: <http://www.marineboard.eu/current-activities>

Click or tap here to enter text.

Recommendation or approval from your supervisor

As the EMB Young Ambassador Programme will require engagement and time over the 2-year period, it is necessary that your supervisor agrees that you take up this additional activity.

|  |  |
| --- | --- |
| **Full name of the supervisor:** |  |
| **Position:** |  |
| **Contact details:** |  |
| **Email address:** |  |
| **How long have you known the student:** |  |

Please ask your direct supervisor to include a short recommendation or approval statement below:

Click or tap here to enter text.

Signature of the Supervisor: Signature of the Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:

Name: Name: