

**Executive Program in Gold Reserves Management**

**Applicant information**

Full name \_\_\_\_\_  
*Salutation Last name First name Gender Date of birth*

Address \_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City State/Country ZIP code (if applicable)*

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Current employment**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Assistant name \_\_\_\_\_ Assistant phone \_\_\_\_\_

Job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

I plan to finance my attendance at the program through:

Personal funds  
 Central Bank sponsorship  
 Tuition waiver\*

*\*If the applicant requesting a tuition waiver, the applicant must acknowledge that all the following criteria are met. Candidates will be informed if they received the tuition waiver by March 1st, 2014.*

**\*Criteria:**

- Be a public servant in one of the main financial institutions of his/her country, such as a Ministry of Finance or Central Bank.
- Be sponsored by his/her institution. In particular, the applicant should have support from his/her institution to attend this program and submit a letter of endorsement from the executive management of the official institution.
- Be in a position to potentially incorporate the knowledge acquired during the course in the execution of his/her duties.

**Educational background**

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**Please describe briefly any relevant work with gold**

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**Reasons for applying and expectations for the program**

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**How did you hear about the program?**

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**Disclaimer and signature**

*I certify that all information provided is accurate. I understand that this application will be reviewed and applicants will be selected based on relevant experience and space availability. I also understand that if my participation is subject to clearance by my government or to approval by a particular agency in my country, I will comply with this requirement. If selected, I understand that my feedback about the learning activity in which I participate can help the World Gold Council and Berkeley University improve their activities in the future. I agree to complete a confidential survey at the end of the learning activity and a few months later if I am asked.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMAIL and SCAN TO: UC Berkeley GRM@gold.org**