Buenas días,

Reciban un cordial saludo. Queremos invitarlos para que los funcionarios de su entidad, se beneficien de la cooperación técnica que está siendo brindada por otros gobiernos, a través de los cursos cortos que son socializados por APC-Colombia.

El propósito principal de los cursos, es transferir experiencias y conocimientos de modelos exitosos en otros países para implementar estrategias más competitivas e innovadoras en Colombia. En ese sentido, nos permitimos remitir en esta ocasión la información correspondiente al siguiente curso otorgado por el **Gobierno de Israel:**

Beca	Innovative Entreprenesurship from an Idea to Starting a Business
Instituto	Golda Meir
Fecha Límite de Aplicación	11 Junio de 2014
Idioma	Inglés
Duración del	
curso	28 de Julio al 14 de Agosto de 2014
Requisitos	Este curso está diseñado para los responsables de la formulación de políticas (policy-makers), representantes de empresas y la academia. También se dirige a expertos y profesionales con responsabilidades en la promoción empresarial innovadora, así como aspectos más generales de la política de innovación.
Instrucciones de aplicación	 *Por favor revisar los archivos que se adjuntan a este correo: información de la beca (que incluye el listado de los documentos que los candidatos deben presentar) y el formulario de postulación con sus anexos. *Diligencie el formulario con sus anexos y envíelo junto con los demás documentos solicitados en original
	y copia a la Embajada ubicada en la Calle 35 No. 7-25 P. 14 en Bogotá DC. Así mismo le agradecemos que nos notifiquen los nombres de las personas que van a participar mediante el correo <u>adrianachaves@apccolombia.gov.co</u> , <u>sflorezcorrea@hotmail.com,jmcerce@hotmail.com</u>
Costos cubiertos por la Beca	Alojamiento, alimentación, capacitación, visitas turísticas y seguros.
Costos a cargo del becario seleccionado	Tiquetes aéreos

Cordialmente,

Grupo de cooperación Internacional GOBERNACION DE SANTANDER



MASHAV Israel's Agency for International Development Cooperation Ministry of Foreign Affairs Jerusalem

Dear Applicant,

Thank you for applying for a professional training program in Israel. In order for us to consider your application, please complete the enclosed form (2 copies) and return them to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. <u>Please type your</u> <u>answers.</u> This will facilitate the application process and enable us to make our decision in as short a time as possible.

Only candidates who are accepted will be notified by the Israeli representative. Thank you for your cooperation.

ESSENTIAL:

This application form must be <u>TYPED IN THE LANGUAGE OF THE PROGRAM</u>, and accompanied by the following:

- Completed and approved medical certificate form
- Certificate of language proficiency (If the language of the program is not your mother tongue or the official language of your country).
- Photocopy of the relevant highest academic degree obtained translated to the language of the program.
- Three additional passport photographs, apart from those affixed to the two copies of this application.
- Two letters of recommendation from present employers or relevant affiliation.
- These forms should reach the nearest Israeli representative at least ten weeks prior to the opening of the program.

FOR OFFICIAL	USE ONLY		
	תאריך קבלת השאלון	ינתינת	שגרירות⁄ נציגות ישראל במד
ני את המועמד/ת	אישית/טלפוני ראיינה	שם משפחה	שם פרטי
		לקורס:	הערכת המועמד/ת והתאמה
חתימה	תפקיד	שם	חותמת השגרירות

- נא לשלוח עותק קשיח אחד למש״ב ובמקביל לשלוח עותק במייל לשלוחה הרלוונטית. עותק קשיח נוסף יישאר בנציגות.
 - שאלונים שלא ימולאו במלואם כולל חלק זה בעברית לא יטופלו.

1. General Name of the training program	n				Photo + Three Copies
Name of training institution	in Israel			_	
Dates: Lan	guage of the	course		_	
Financial arrangements: Flight ticket will be paid by_ Tuition and accommodation		red by			-
2. Personal Data					
Surname		Given Names			
Country					
Religion					
Date of Birth	Gender	r: <u>Male / Female</u>			
Home address					
Telephone (country code Cell phone (country code					_
Fax6	e-mail				
3. Education					
	Institute	Location	Year	Field of Expertise	Degree
Higher Education					
Academic Degrees: First					
Second					
Third					

4. Other studies / courses / seminars relevant to the program (Last 10 years)

Subject of course	Country	Organized by	Duration of studies	Year

5. Previous Studies in Israel

Subject of course	Year	Training Institute

Name of applicant _____

6. Computer Proficiency

No____ Yes____

If yes, please specify (Word, Excel, etc.)_____

7. Knowledge of languages

Mother Tongue_____

Language of the program	Reading		Speaking		Writing				
	Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

8. Employment

Full Name of Institution_____

Type of Institution: Government / NGO / Private / Other_____

Address _____

Telephone	Fax:	e-mail
-----------	------	--------

Present Position and description of your responsibilities _____

9. Former places of Employment

Name of Institution	Dates From-To	Position held

Name of applicant _____

10. References: Please list two people who are acquainted with your professional qualifications

Reference 1

	Name		Position		
Telep	hone number		Cell	phone number	
Country code	area code	number	Country code	area code	number
Fa	ax number		e-	mail address	
Country code	area code	number			

Reference 2

	Name		Position		
Telep	ohone Number		Cell	phone Number	
Country code	area code	Number	Country code	area code	Number
F	ax Number		e-	mail address	
Country code	area code	Number			

DECLARATION

TRAINING PROGRAM _____ Date_____

I, the undersigned, Mr./Mrs./Miss______of (country) ______ in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the government of Israel to enable me, if I should be found suitable, to participate in a period of study and/or training in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I AM FULLY AWARE that the training opportunity given to me is designed for the benefit of my country's development. I, therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the professional institution hosting the training program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my training program.
- (F) I UNDERSTAND that the Government of Israel cannot in any way be held responsible for the material needs of my family during my stay in Israel, nor for my employment upon my return to my country.
- (G) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the training program.
- (H) I AM to the best of my knowledge of healthy body and mind and do not require any medical treatment or attention.
- (I) I UNDERTAKE to submit to a further medical examination before or during my studies when required to do so by the Government of Israel.
- (J) I AM FULLY AWARE that the institute does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (K) (FOR WOMEN) I AM NOT to the best of my knowledge pregnant, and I understand that I am liable to be sent home in case of pregnancy.
- (L) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (M) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.

- (N) I HEREBY CERTIFY that all information and documents presented are correct and truthful.
- (O) I AM FULLY AWARE that it is my responsibility to obtain the name and location of the Israeli institute to which I am going, its address and how to arrive there.
- (P) I UNDERSTAND that all the financial arrangements have been finalized with the Israeli Representative before my arrival in Israel.
- (Q) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the Israeli institute covers me only during the period of the course/program within the area of the State of Israel.

I confirm hereby my full agreement to these conditions.

Name and surname of applicant_____

Signature of applicant ______

Date _____ Place _____

Please write a short paragraph describing your expectations from the training program including the direct contribution of the program to your field of work, as well as future plans after completion of the program.

Please write a very short autobiography

MEDICAL CERTIFICATE

Surname:	Given name (s):	Date of birth:	Gender:

To be filled out by applicant:

Have you/ do you suffer from the following:		No	Yes	If yes, please specify		
А	Heart (Cardiovascular)					
В	Hypertension					
С	Diabetes					
D	Epilepsy					
Е	Mental Disorders					
F	Tuberculosis					
G	Bronchial Asthma					
Н	Visual Disorders					
I	Malaria					
J	Sexually - Transmitted Diseases (Including AIDS)					
К	Malignant Disorders (or other tumors)					
L	Internal Bleeding					
М	Have you undergone surgical procedures?					
Ν	Have you undergone medical exams during this year?					
0	Are you currently using any medications?					
Р	Are you currently pregnant? If yes, what month?					
	I pledge to take all the medicine that I am currently using / will need with me during my stay in Israel. I am aware that MASHAV will not be responsible for providing me with medicines during the period in Israel.					
Арр	licant's Signature	Date				

To be filled out by Family Physician/ Practitioner:

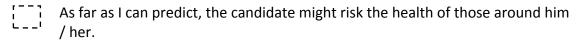
Has	the applicant suffered/ suffering from the following:	No	Yes	If yes, please specify
А	Heart (Cardiovascular)			
В	Hypertension			
С	Diabetes			
D	Epilepsy			
Е	Mental Disorders			
F	Tuberculosis			
G	Bronchial Asthma			
Н	Visual Disorders			
I	Malaria			
J	Sexually - Transmitted Diseases (Including AIDS)			
К	Malignant Disorders (or other tumors)			
L	Internal Bleeding			
М	Undergone surgical procedures?			

Ν	Undergone medi	ical exams during	this year?						
0	Currently using any medications?								
Р	Currently pregnant? If yes, what month?								
Q	Gynecological Disorders								
	Physical Examination: please specify		cify	Normal	Normal		Abnormal		
R	Blood pressure								
S	Cardiac functions	S							
Т	Respiratory								
U	Liver								
V	Spleen								
W	Lymph Nodes								
Х	Edema of legs								
Y	Lab Tests:	ESR	НВ/ НСТ	WBC	H	IV	Urine Glucose	Urine Protane	
	Results:								
Ζ	Physician's Conclusions/ General Remarks:								
Nar	me of Physician:	Signature an	Signature and Stamp:			Date:			

Annex to Medical Status Form

1. TO BE FILLED BY CANDIDATE'S PERSONAL PHYSCIAN

- A. I confirm that Mr/ Ms______is personally known to me in a professional capacity as a patient since (date) ______.
- 2. As far as I know, and to the best of my professional knowledge: Mark with X that which is appropriate
 - As far as I can predict, there is no probability that the candidate will need ——' medical treatment or any medical procedure during work and travel in Israel in the foreseeable future.
 - As far as I can predict, there is some probability, that the candidate will need medical treatment or a medical procedure during work and travel abroad in
 - ---' medical treatment or a medical procedure during work and travel abroad in the foreseeable future.
- 3. As far as I know and to the best of my professional knowledge: Mark with X that which is appropriate
 - As far as I can predict, the candidate is not a health risk to those around him / her.



Name of Physician :	Stamp and Signature :	Date:

Renunciation of Medical Secrecy: I, the undersigned, hereby give my permission to the Israeli Health Maintenance Organization and/or its medical institutions, as well as to all the doctors and other medical institutions and hospitals and/or to all the insurance companies and/or to every institution and other body or individual, to provide Harel Insurance Company Ltd and/or MASHAV (hereinafter "the Requestor") with all the details, without exception, and in the way that shall be demanded by the Requestor, as regards my state of health and/or any disease that I have suffered from in the past and/or that I am currently suffering from and/or that I will suffer from in the future, and I hereby release you from the obligation to safeguard medical secrets and hereby renounce this secrecy toward the Requestor. This Declaration of Renunciation binds me, my estate, and my legal delegates and everyone who will come in my stead. This Declaration of Renunciation shall also apply to the minors.

Name of Applicant:	Signature :	Date:







International Workshop on

Innovative Entrepreneurship from an Idea to Starting a Business

in cooperation with YABT (Young Americas Business Trust)- Organization of American States

July 28 to August 14, 2014

Haifa, Israel



The Golda Meir Mount Carmel International Training Center (MCTC) MASHAV – Israel's Agency for International Development Cooperation Ministry of Foreign Affairs – Jerusalem

ABOUT MASHAV

MASHAV – Israel's Agency for International Development Cooperation - at Israel's Ministry of Foreign Affairs was founded in late 1957, and is responsible for the design, coordination and implementation of the State of Israel's development cooperation programs.

MASHAV concentrates on human and institutional capacity building by sharing Israel's own development experience and expertise, imparting know-how and transferring innovative technologies and tested methodologies adaptable to a developing country's needs. MASHAV's approach is to ensure social, economic and environmental sustainable development, joining the international community's efforts to implement the Millennium Development Goals by 2015.

In the event of natural disasters, MASHAV also provides humanitarian assistance and participates in reconstruction and rehabilitation efforts.

ABOUT MCTC

The Golda Meir Mount Carmel International Training Center (MCTC) was established in 1961 to assist in the training of women engaged in community work in the newly emerging states in Africa and Asia.

Since the establishment of MCTC, over 19,000 participants from over 150 countries in Asia, Africa, Europe, Central Asia, Eastern Europe, Latin America, Middle East, Oceania and the Caribbean have attended almost 650 capacity



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building programs and workshops, and 28 International Conferences for Women Leaders, conducted in Israel.

MCTC focuses on three areas of study: Community Development, Early Childhood Education and Organization and Management of Microenterprises, all with gender as a cross-cutting issue. In each training program there are up to 30 women and men from 10 to 27 countries. Usually two workshops are conducted concurrently in different languages (English, French, Spanish, Russian or Arabic).

The Center is located on Mount Carmel in Haifa. The building consists of living accommodation, classrooms, recreation and dining facilities. A library specializing in education, social sciences and humanities, and a computer laboratory with internet access serve the participants.

MCTC enjoys the active cooperation of a number of international organizations, governmental and non-governmental organizations and development authorities.

YABT and MCTC/MASHAV

Incorporated in 1999 as a non-profit corporation in Washington, DC, the Young Americas Business Trust (YABT) draws on more than seventeen years of pioneer OAS experience designing and developing innovative entrepreneur and micro-enterprise programs targeted to young people, including youth development, mentoring, training, and finance.

The YABT operates out of the OAS Headquarters in Washington, aiming to reduce the critical poverty that affects millions of people in the Americas, especially the young. Since the beginning of the cooperation between YABT/MCTC/MASHAV over a decade ago, hundreds of workshops conducted by MCTC instructors and multiplied by YABT trainers have brought this fruitful collaboration to as many as 23,000 beneficiaries all over Latin America and the Caribbean, through YABT chapters, run by young people in 29 different countries.

BACKGROUND

Innovation in the modern economy is a complex process involving the interactions of



many actors (stakeholders) through the various stages of development of a new venture: entrepreneurs, academic and R&D institutions, other firms (suppliers, customers, competitors, public bodies, consumers, etc.). The innovation process includes systemic interaction between participating stakeholders and is related to Public Private Partnership (PPP). Innovation is crucial for differentiation in businesses in a world of constant change and younger generations are bringing this change about, in both the social and the business spheres. The innovative entrepreneur is the central figure in the innovation process. S/he is the main driving force in the complex process that transforms a theoretical idea into a commercially viable product or service. However, commercializing an innovation can be extremely difficult and cumbersome for start-up innovative entrepreneurs, who face additional obstacles (compared to established firms) in the spheres of finance, technology, management, etc. Moreover, innovative entrepreneurs often have to overcome a number of regulatory and administrative hurdles before bringing the process to a successful conclusion. The main role of public policy in this regard is to establish an environment conducive to supporting innovative entrepreneurs in bringing their new product or service to the marketplace. Israel has the proven capacity to turn ideas into innovative products and services. It is in

this framework that the present Workshop is

offered.

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OBJECTIVES

The main objective of this Workshop will be to provide a platform for learning and sharing of good practices and policies for promoting innovative entrepreneurship.

PROGRAM OF STUDIES

- Good practices and policies in promoting innovative entrepreneurship; innovationdriven start-ups and the academic spin-off as engines of innovative development
- Support systems for new entrepreneurs

Study Visits

These will include on-site visits to selected Israeli organisations involved in innovative ventures as well as meetings with entrepreneurs.

Exchange of Professional Experiences

An important aspect of the Workshop is the exchange of experiences amongst its participants. The rich knowledge brought by representatives from many different countries provides a very valuable contribution to the proceedings.

ADMISSION REQUIREMENTS

The Workshop is designed for policy-makers, representatives of businesses and academia, and other experts and practitioners with responsibilities for the promotion of innovative entrepreneurship as well as broader aspects of innovation policy. Preference will be given to candidates recommended by YABT. This will be accompanied by the opportunity for a broad exchange of experiences and lessons by the participants in the Workshop, both among themselves and with their Israeli counterparts.

- Women entrepreneurs in a changing economy
- Innovations in management
- · Marketing at a time of change
- Implementation of creative initiatives from idea to business



Final Proposals

The participants will submit a proposal of an innovative idea that can contribute towards the promotion of new business initiatives.

WORKSHOP PROCEDURE

Participants will reside at MCTC and the studies will be intensive. Five days a week are normally devoted to classroom study and observation visits. The themes will be presented in the form of lectures and workshops by experienced lecturers from both the academic world and institutional and business sectors.

The Workshop will be held in English.

CERTIFICATE

Upon completion of the Workshop,the graduates will receive a certificate confirming their attendance and active participation.



HOW TO APPLY:

You can find the application on our website www.mctc.org.il

Application forms should be sent to the Israeli Diplomatic and/or Consular Representatives serving the applicant's country. They are to be submitted no later than June 15, 2014.

Additional copies of the application must be sent to Merav Mor at MASHAV(<u>Merav.Mor@mfa.gov.il</u>), Shula Ferdman (<u>shula@mctc.org.il</u>) and Neomy Deutsch (<u>neomy@mctc.org.il</u>) at MCTC.

GENERAL INFORMATION

INCLUDED IN THE SCHOLARSHIP ARE:

- Full Board and accommodation:
 2 participants per room (linen, hot water, air-conditioning)
- Studies: Lectures and workshops, field visits, written study material Cultural and social activities
- Excursions to historical and religious sites
- Miscellaneous: Newspapers and periodicals Laundry facilities on the premises
- Insurance

The participants are medically insured by a health insurance policy. This policy does not cover the treatment of chronic or serious diseases, dental care, eyeglasses, pregnancy and/or specific medication taken by the participant on a regular basis. Participants are required to bring with them their usual medication. No insurance for personal belongings such as money, video cameras, laptops or jewelry will be provided.

Passport and Visa

Passports must be valid for the period of the Workshop and include an entry visa into Israel. Two additional passport-size photographs are **Travel:** International travel fares are the responsibility of the candidate or his/her sponsoring organization. Passports and visas must be valid for the period of the Workshop and include an entry visa into Israel. Two additional passport-size photographs are also required for various documents.

Booking: The date and flight number of the booking to Israel must be confirmed to assure arrival on July 27, 2014, as the opening of the Workshop will take place on July 28, 2014 in the morning. The date of departure from the Center should be on August 14, 2014 at night, or at the latest on August 15, 2014, as the closing ceremony will be in the afternoon of August 14, 2014.

Weather

The Workshop will take place in summer, when temperatures may range from around 23° -35°C.

Clothing

Participants are advised to bring suitable clothing and comfortable low-heeled shoes for excursions and study visits.

Foreign Exchange

All the major currencies are exchangeable in Israel.

also required for various documents.



The Golda Meir Mount Carmel International Training Center (MCTC), Haifa MASHAV – Israel's Agency for International Development Cooperation Ministry of Foreign Affairs, Jerusalem, Israel

> P.O.B. 6111 - Haifa 31060, Israel TEL: ++ 972 4 8375904 FAX: ++ 972 4 8375913 Email: <u>shula@mctc.org.il</u> <u>neomy@mctc.org.il</u> <u>mctc@mctc.org.il</u>

WEB PAGES:

www.mctc. org.il

www.mashav.mfa.gov.il

http://www.facebook.com/goldameir.mctc?ref=name#!/pages/Golda-Meir-Mount-Carmel-International-Training-Center/220524911309634