



ΚΥΠΡΙΑΚΟ  
ΕΜΠΟΡΙΚΟ ΚΑΙ  
ΒΙΟΜΗΧΑΝΙΚΟ  
ΕΠΙΜΕΛΗΤΗΡΙΟ

Λευκωσία, 2 Αυγούστου 2019

**ΠΡΟΣ:** Όλους τους ενδιαφερόμενους

**ΘΕΜΑ:** INNOVATE ENTREPRENEURSHIP-ISRAEL COURSES FOR CYPRIOT START-UPS

Κυρία/ε,

Επιθυμούμε να σας πληροφορήσουμε για τρία νέα προγράμματα του Ισραηλινού Γραφείου Ανάπτυξης Διεθνούς Συνεργασίας για Καινοτομία και Επιχειρηματικότητα για συμμετέχοντες αποκλειστικά από την Κύπρο και την Ελλάδα.

Τα προγράμματα προσφέρονται στα πλαίσια της περιφερειακής συνεργασίας μεταξύ Ισραήλ-Κύπρου και Ελλάδας στα θέματα καινοτομίας, υψηλής τεχνολογίας και επιχειρηματικότητας. Επιπρόσθετα αποτελούν τη συνέχεια του πρώτου πολύ επιτυχημένου σεμιναρίου «Innovation Road Map: How to scale up your start-up» που έγινε τον Δεκέμβριο 2018.

Οι προγραμματισμένες ημερομηνίες διεξαγωγής είναι:

- Innovate Entrepreneurship: Early Stage Start-ups, 10/11/2019 έως 19/11/2019
- Support System for Entrepreneurs, 24/11/2019 έως 03/12/2019
- Social Entrepreneurship: Transforming an idea into a Business, 8/12/2019 έως 17/12/2019

Συνημμένα μπορείτε να βρείτε τα προγράμματα με όλες τις σχετικές πληροφορίες.

Σημειώνεται ότι το κόστος συμμετοχής (δίδακτρα και διαμονή) θα καλυφθεί από το Υπουργείο Εξωτερικών. Το ταξιδιωτικό κόστος θα πρέπει να καλυφθεί από τους συμμετέχοντες.

Παρακαλούνται οι ενδιαφερόμενοι όπως αποστείλουν την αίτηση τους (επισυνάπτεται) το αργότερο μέχρι την **6<sup>η</sup> Σεπτεμβρίου 2019** στις ηλεκτρονικές διευθύνσεις [economy@nicosia.mfa.gov.il](mailto:economy@nicosia.mfa.gov.il) και [rana@mctc.org.il](mailto:rana@mctc.org.il)



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-2-

Για οποιαδήποτε επιπρόσθετη πληροφόρηση οι ενδιαφερόμενοι, οι οποίοι πρέπει να είναι άνω των 25 ετών, παρακαλώ όπως επικοινωνούν με:

The Golda Meir Mashav "Carmel" International Training Center (MCTC) at  
12 David Pinsky Street,  
P.O.Box 6111 Haifa 31060, Israel  
Tel. +972-4-8375904  
Fax: +972-4-8375913  
Email: [rana@mctc.org.il](mailto:rana@mctc.org.il)  
Website: [www.mctc.org.il](http://www.mctc.org.il)

Με εκτίμηση,

Ανδρέας Ανδρέου,  
Διευθυντής Τμήματος Βιομηχανίας,  
για Γενικό Γραμματέα.

/ΜΚ.



**MASHAV - Israel's Agency for International  
Development Cooperation**

**Regional Seminar:  
Greece and Cyprus**

**Innovative Entrepreneurship:  
Early Stage Startups**



**November 10<sup>th</sup> – 19<sup>th</sup> , 2019**



**The Golda Meir Mashav "Carmel"  
International Training Center  
(MCTC)**



## About the Course

As part of the growing regional cooperation between Israel-Cyprus and Greece and acknowledging the great importance of cooperation in the field of innovation; high technology and entrepreneurship – we are happy to initiate this course on the topic of- Innovative Entrepreneurship: Early stage startups.

### Background

With a population of about 8 million, Israel has over 6,000 start-ups, and 1,000 new start-ups are launched every year. Being the “Startup Nation”, it is only natural to address the issue of innovations for startups and expose participants to the uniqueness of Israel’s entrepreneurial ecosystem which includes over 100 accelerators. Israel as a leader in the entrepreneurial world, combines innovation with technology, education, academia and is comprised of various populations: men, women, youth, children, veteran Israelis, newcomers, minority groups and more.

Breaking down the name start up nation you will find government policies, spirit of entrepreneurship, a culture of diversity and an educated entrepreneurial community.

Israel has the proven capacity to turn ideas into innovative products and services and has many different accelerators which have been created to support entrepreneurs in their startup ventures. It is within this framework that the present seminar is offered. In Israel’s ecosystem you will find cooperation between private & public sectors, government programs with early stage initiatives, technological aspects transforming social issues into solutions and many more.

### Aims

This seminar will provide participants with skills and knowledge in their early stage startups, with the knowledge on what are the elements for building a platform that supports entrepreneurs.

This seminar will give practical tools on how to develop their early stage startups for success and building a community.

Training Modules are;

- ✓ Supporting Start-ups in paving a way to success
- ✓ Introduction to Business Strategies
- ✓ Ecosystem and community development (building a network of partners and investors)
- ✓ Site visits to accelerators and Incubators

### Main Subjects

Main subjects of the course will include:

- Business models, eco-system analysis.
- Pitching and fund raising workshops
- Interpersonal Communication, Image and Self-Presentation
- Investor’s/ Evaluator’s point of view
- The Ecosystem - Support Frameworks for Entrepreneurs

## Application

### Application Requirements

The Course is designed for women and men alike, focusing mainly on entrepreneurs and early stage start up owners. A special Consideration will be given to private sector support systems for entrepreneurs and NGOs dealing with small business support and development of entrepreneurs in their communities. Candidates should hold an academic degree in related disciplines, and have at least three years of professional work experience in related fields. **A full command of English is required.**

### Application forms

Application forms and other information may be obtained at the nearest Israeli mission or at MASHAV's website: <http://mfa.gov.il/MFA/mashav/Courses/Pages/default.aspx>

Completed application forms, including the medical form, should be sent to the relevant Israeli mission in the respective country no later than **September 6<sup>th</sup>, 2019.**

One additional copy of the application must be sent to:

Ms. Rana Nahhas Suidan at MCTC: [rana@mctc.org.il](mailto:rana@mctc.org.il)

## General Information

### Financial arrangements:

1. Tuition and accommodation will be covered by the Ministry of Foreign Affairs
2. Flight tickets will be paid by the participants

\*The course will be held at Dan Panorama Hotel, in Haifa. **Participants will be accommodated in double rooms (two participants per room).**

### Arrival and Departure

|                      |                    |
|----------------------|--------------------|
| Arrival date:        | 10.11.19           |
| <b>Opening date:</b> | <b>11.11.19</b>    |
| <b>Closing date:</b> | <b>19.11.19</b>    |
| Departure date:      | 19.11.19 afternoon |

Participants should arrive at the Dan Panorama hotel in Haifa on the arrival date, and leave the hotel on the departure date. Early arrivals/late departures if required, must be arranged by the participants themselves, directly with the hotel, and must be paid for by the participant him/herself.

### Health Services

Medical insurance covers medical services and hospitalization in case of emergency. It does not cover the treatment of chronic or serious diseases, specific medications taken by the participant on a regular basis, dental care and eyeglasses. Health authorities recommend that visitors to Israel make sure they have been inoculated against tetanus in the last ten years. Subject to the full binding policy conditions. Participants are responsible for all other expenses.

## About MASHAV

MASHAV – Israel's Agency for International Development Cooperation is dedicated to providing developing countries with the best of Israel's experience in development and planning. As a member of the family of nations, The State of Israel is committed to fulfilling its responsibility to contribute to the fight against poverty and to the global efforts to achieve sustainable development. MASHAV, representing Israel and its people, focuses its efforts on capacity building, sharing relevant expertise accumulated during Israel's own development experience to empower governments, communities and individuals to improve their own lives.

MASHAV's approach is to ensure social, economic and environmental sustainable development, and is taking active part in the international community's process of shaping the Post-2015 Agenda, to define the new set of the global Sustainable Development Goals (SDGs).

MASHAV's activities focus primarily on areas in which Israel has a competitive advantage, including agriculture and rural development; water resources management; entrepreneurship and innovation; community development; medicine and public health, empowerment of women and education. Professional programs are based on a "train the trainers" approach to institutional and human capacity building, and are conducted both in Israel and abroad. Project development is supported by the seconding of short and long-term experts, as well as on-site interventions. Since its establishment, MASHAV has promoted the centrality of human resource enrichment and institutional capacity building in the development process – an approach which has attained global consensus.

[www.mashav.mfa.gov.il](http://www.mashav.mfa.gov.il)

[www.facebook.com/MASHAVisrael](https://www.facebook.com/MASHAVisrael)

## About The Golda Meir Mashav "Carmel" International Training Center

The Golda Meir Mashav "Carmel" International Training Center (MCTC) was founded by Golda Meir in Haifa in 1961. MCTC was the first of its kind in the domain of women's empowerment and since its inception has had a profound influence on both individuals and the policy arena. MCTC endeavors to provide professional women and men from developing countries and transitional societies with the necessary tools for women's empowerment. It aims to enable women to contribute to the socio-economic development processes of their communities and consequently advance their status. To this end, MCTC conducts training activities, both in Israel and overseas, to advance women's participation in public life.

To date, over the 60 years of MCTC's existence, over 25,000 women and men from over 140 countries have benefited from hundreds of training activities. Today, many of them hold key positions at the local or national level, or within United Nations development agencies.

### For further information, please contact:

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12 David Pinsky Street, POB 6111, Haifa 31060, Israel

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Email: [rana@mctc.org.il](mailto:rana@mctc.org.il)

Website: [www.mctc.org.il](http://www.mctc.org.il)



**MASHAV - Israel's Agency for International  
Development Cooperation**

**Regional Course for  
Greece and Cyprus**

## **Support Systems for Entrepreneurs**



**November 24<sup>th</sup> – December 3<sup>rd</sup>, 2019**



**The Golda Meir Mashav "Carmel"  
International Training Center  
(MCTC)**



## About the Course

As part of the growing regional cooperation between Israel-Cyprus and Greece and acknowledging the great importance of cooperation in the field of innovation, high technology and entrepreneurship, we are happy to initiate this course on the topic of **Support Systems for Entrepreneurs**.

### Background

With a population of about 8 million, Israel has over 6,000 start-ups, and 1,000 new start-ups are launched every year. Being the “Startup Nation”, it is only natural to address the issue of innovations for startups and expose participants to the uniqueness of Israel’s entrepreneurial ecosystem which includes over 100 accelerators. Israel as a leader in the entrepreneurial world, combines innovation with technology, education, academia and is comprised of various populations: men, women, youth, children, veteran Israelis, newcomers, minority groups and more.

Breaking down the name start up nation you will find government policies, spirit of entrepreneurship, a culture of diversity and an educated entrepreneurial community.

Israel has the proven capacity to turn ideas into innovative products and services and has many different accelerators which have been created to support entrepreneurs in their startup ventures. It is within this framework that the present course is offered. In Israel’s ecosystem you will find cooperation between private & public sectors, government programs with early stage initiatives, technological aspects transforming social issues into solutions and many more.

### Aims

This course will provide participants with skills and knowledge on what are the elements for building a platform that supports entrepreneurs. This course will give practical tools on how to develop the ecosystem and help support young entrepreneurs building a community.

Training Modules are;

- ✓ Programs for supporting start-ups in paving a way to success
- ✓ Ecosystem and community development
- ✓ Site visits to accelerators and incubators
- ✓ Introduction to business accelerators and business incubators

### Main Subjects

Main subjects of the course will include:

- The ecosystem - support frameworks for entrepreneurs
- Business models, eco-system analysis
- models and goals of accelerators (private, public, academic)
- Corporates role in supporting entrepreneurs
- Government support systems



## Application

### Application Requirements

The Course is designed for women and men alike focusing on managers of accelerators and other entrepreneurial SME support agencies, Government support agencies, private sector support systems for entrepreneurs and NGOs dealing with small business support and development of entrepreneurs in their communities. Candidates should hold an academic degree in related disciplines, and have at least five years of professional work experience in related fields. **A full command of English is required.**

### Application forms

Application forms and other information may be obtained at the nearest Israeli mission or at MASHAV's website: <http://mfa.gov.il/MFA/mashav/Courses/Pages/default.aspx>

Completed application forms, including the medical form, should be sent to the relevant Israeli mission in the respective country no later than **September 6<sup>th</sup>, 2019.**

One additional copy of the application must be sent to:

Ms. Rana Nahhas Suidan at MCTC: [rana@mctc.org.il](mailto:rana@mctc.org.il)

## General Information

### Financial arrangements:

1. Tuition and accommodation will be covered by the Ministry of Foreign Affairs
2. Flight tickets will be paid by the participants

\*The course will be held at Dan Panorama Hotel, in Haifa. **Participants will be accommodated in double rooms (two participants per room).**

### Arrival and Departure

|                      |                   |
|----------------------|-------------------|
| Arrival date:        | 24.11.19          |
| <b>Opening date:</b> | <b>25.11.19</b>   |
| <b>Closing date:</b> | <b>3.12.19</b>    |
| Departure date:      | 3.12.19 afternoon |

Participants should arrive at the Dan Panorama hotel in Haifa on the arrival date, and leave the hotel on the departure date. Early arrivals/late departures if required, must be arranged by the participants themselves, directly with the hotel, and must be paid for by the participant him/herself.

### Health Services

Medical insurance covers medical services and hospitalization in case of emergency.

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## **About MASHAV**

MASHAV – Israel's Agency for International Development Cooperation is dedicated to providing developing countries with the best of Israel's experience in development and planning. As a member of the family of nations, The State of Israel is committed to fulfilling its responsibility to contribute to the fight against poverty and to the global efforts to achieve sustainable development. MASHAV, representing Israel and its people, focuses its efforts on capacity building, sharing relevant expertise accumulated during Israel's own development experience to empower governments, communities and individuals to improve their own lives.

MASHAV's approach is to ensure social, economic and environmental sustainable development, and is taking active part in the international community's process of shaping the Post-2015 Agenda, to define the new set of the global Sustainable Development Goals (SDGs).

MASHAV's activities focus primarily on areas in which Israel has a competitive advantage, including agriculture and rural development; water resources management; entrepreneurship and innovation; community development; medicine and public health, empowerment of women and education. Professional programs are based on a "train the trainers" approach to institutional and human capacity building, and are conducted both in Israel and abroad. Project development is supported by the seconding of short and long-term experts, as well as on-site interventions. Since its establishment, MASHAV has promoted the centrality of human resource enrichment and institutional capacity building in the development process – an approach which has attained global consensus.

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To date, over the 60 years of MCTC's existence, over 25,000 women and men from over 140 countries have benefited from hundreds of training activities. Today, many of them hold key positions at the local or national level, or within United Nations development agencies.

### **For further information, please contact:**

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Website: [www.mctc.org.il](http://www.mctc.org.il)

**MASHAV - Israel's Agency for International  
Development Cooperation**



**Regional Course for  
Greece and Cyprus**

## **Social Entrepreneurship: Transforming an Idea to a Business**

**8<sup>th</sup> – 17<sup>th</sup> December, 2019**



**The Golda Meir Mashav "Carmel"  
International Training Center  
(MCTC)**



## About the Course

As part of the growing regional cooperation between Israel-Cyprus and Greece and acknowledging the great importance of cooperation in the field of innovation, high technology and entrepreneurship, we are happy to initiate this course on the topic of **Social Entrepreneurship: Transforming an Idea to a Business**.

### Background

With a population of about 8 million, Israel has over 6,000 start-ups, and 1,000 new start-ups are launched every year. Being the “Startup Nation”, it is only natural to address the issue of innovations for startups and expose participants to the uniqueness of Israel’s entrepreneurial ecosystem which includes over 100 accelerators. Israel as a leader in the entrepreneurial world, combines innovation with technology, education, academia and is comprised of various populations: men, women, youth, children, veteran Israelis, newcomers, minority groups and more.

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Israel has the proven capacity to turn ideas into innovative products and services and has many different accelerators which have been created to support entrepreneurs in their startup ventures. It is within this framework that the present course is offered. In Israel’s ecosystem you will find cooperation between private & public sectors, government programs with early stage initiatives, technological aspects transforming social issues into solutions and many more.

### Aims

This course will provide participants with skills and knowledge in their early stage startups, with the knowledge on what are the elements for building a platform that supports entrepreneurs.

This course will give practical tools on how to develop their early stage startups for success and building a community.

Training Modules are;

- ✓ Supporting social start-ups in paving a way to success
- ✓ Introduction to business strategies in the social arena
- ✓ Ecosystem and community development (building a network of partners and investors)
- ✓ Site visits to relevant social businesses
- ✓ Community building and development

### Main Subjects

Main subjects of the course will include:

- Social entrepreneurship scenery in Israel
- Pitching and fund raising workshops
- Interpersonal communication, image and self-presentation
- Strategic and financial planning for social causes
- The ecosystem - support frameworks for entrepreneurs

## Application

### Application Requirements

The Course is designed for women and men alike, focusing mainly on social entrepreneurs and early stage social start up. A special consideration will be given to private sector support systems for entrepreneurs and NGOs dealing with small business support and development of entrepreneurs in their communities. Candidates should hold an academic degree in related disciplines, and have at least three years of professional work experience in related fields. **A full command of English is required.**

### Application forms

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## General Information

### Financial arrangements:

1. Tuition and accommodation will be covered by the Ministry of Foreign Affairs
2. Flight tickets will be paid by the participants

\*The course will be held at Dan Panorama Hotel, in Haifa. **Participants will be accommodated in double rooms (two participants per room).**

### Arrival and Departure

|                      |                    |
|----------------------|--------------------|
| Arrival date:        | 8.12.19            |
| <b>Opening date:</b> | <b>9.12.19</b>     |
| <b>Closing date:</b> | <b>17.12.19</b>    |
| Departure date:      | 17.12.19 afternoon |

Participants should arrive at the Dan Panorama hotel in Haifa on the arrival date, and leave the hotel on the departure date. Early arrivals/late departures if required, must be arranged by the participants themselves, directly with the hotel, and must be paid for by the participant him/herself.

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MASHAV's activities focus primarily on areas in which Israel has a competitive advantage, including agriculture and rural development; water resources management; entrepreneurship and innovation; community development; medicine and public health, empowerment of women and education. Professional programs are based on a "train the trainers" approach to institutional and human capacity building, and are conducted both in Israel and abroad. Project development is supported by the seconding of short and long-term experts, as well as on-site interventions. Since its establishment, MASHAV has promoted the centrality of human resource enrichment and institutional capacity building in the development process – an approach which has attained global consensus.

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Website: [www.mctc.org.il](http://www.mctc.org.il)



**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 and return it to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. Please type your answers. 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 TYPED IN THE LANGUAGE OF THE PROGRAM, and accompanied by the following:

- Completed and approved medical certificate form (attached).
- 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.
- A passport photo.
- 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.

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שגרירות/ נציגות ישראל במדינת \_\_\_\_\_ תאריך קבלת השאלון \_\_\_\_\_

ראיינתי את המועמד/ת שם פרטי \_\_\_\_\_ שם משפחה \_\_\_\_\_ אישית/טלפוני \_\_\_\_\_

הערכת המועמד/ת והתאמה לקורס: \_\_\_\_\_

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|          |       |       |       |
|----------|-------|-------|-------|
| שם       | תפקיד | חתימה | חותמת |
| השגרירות |       |       |       |

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

**1. General**

Name of the training program \_\_\_\_\_

Name of training institution in Israel \_\_\_\_\_

Dates: \_\_\_\_\_ Language of the course \_\_\_\_\_

**Passport  
Photo****Financial arrangements:****Flight ticket will be paid by** \_\_\_\_\_**Tuition and accommodation will be covered by** \_\_\_\_\_**2. Personal Data**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Religion \_\_\_\_\_ Passport No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male / Female

Home address \_\_\_\_\_

Telephone (country code \_\_\_\_\_) (area code \_\_\_\_\_) Number \_\_\_\_\_

Cell phone (country code \_\_\_\_\_) (area code \_\_\_\_\_) Number \_\_\_\_\_

Fax \_\_\_\_\_ 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 \_\_\_\_\_

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### 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**

| <b>Name</b>                                                    | <b>Position</b>                                                 |
|----------------------------------------------------------------|-----------------------------------------------------------------|
|                                                                |                                                                 |
| <b>Telephone number</b><br>Country code    area code    number | <b>Cell phone number</b><br>Country code    area code    number |
|                                                                |                                                                 |
| <b>Fax number</b><br>Country code    area code    number       | <b>e-mail address</b>                                           |
|                                                                |                                                                 |

**Reference 2**

| <b>Name</b>                                                    | <b>Position</b>                                                 |
|----------------------------------------------------------------|-----------------------------------------------------------------|
|                                                                |                                                                 |
| <b>Telephone Number</b><br>Country code    area code    Number | <b>Cell phone Number</b><br>Country code    area code    Number |
|                                                                |                                                                 |
| <b>Fax Number</b><br>Country code    area code    Number       | <b>e-mail address</b>                                           |
|                                                                |                                                                 |

**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.**

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**Please write a very short autobiography**

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## Declaration of State of Health

This form is designed for men and women alike.  
Please fill out this form accurately and completely.



First name: ..... Last name: .....

Passport no. .... Date of birth: .....

Please answer the following questions by marking the appropriate box.

| A Health Statement                                                                                                                                                                                                                                                                                                                                                                                                             |  | yes         | no |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|----|
| Have you been referred during the last two years for medical and/or diagnostic tests <b>that have not yet been completed and regarding which no final diagnosis has been made</b> , involving any of the following procedures: catheterization, scanning, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal monitoring), biopsy, occult blood, colonoscopy, gastroscopy, blood tests, urine tests? |  |             |    |
| <b>Have you been diagnosed with a disease, condition, or disorder associated with one or more of the following:</b>                                                                                                                                                                                                                                                                                                            |  |             |    |
| Nervous system (neurology) and brain: nervous system, CVA (cerebrovascular accident), multiple sclerosis, muscular dystrophy                                                                                                                                                                                                                                                                                                   |  |             |    |
| Renal failure                                                                                                                                                                                                                                                                                                                                                                                                                  |  |             |    |
| Respiratory system: COPD (chronic obstructive pulmonary disease), cystic fibrosis                                                                                                                                                                                                                                                                                                                                              |  |             |    |
| Malignant disease or tumor (cancer)                                                                                                                                                                                                                                                                                                                                                                                            |  |             |    |
| Disease of the immune system: Lupus                                                                                                                                                                                                                                                                                                                                                                                            |  |             |    |
| Heart disease                                                                                                                                                                                                                                                                                                                                                                                                                  |  |             |    |
| Sexually-transmitted disease (including AIDS and/or HIV carrier)                                                                                                                                                                                                                                                                                                                                                               |  |             |    |
| Infectious diseases:                                                                                                                                                                                                                                                                                                                                                                                                           |  |             |    |
| Tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                                                                                          |  |             |    |
| Hepatitis B virus <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                                                                                     |  |             |    |
| Hepatitis C virus <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                                                                                     |  |             |    |
| Have you been diagnosed as suffering a mental disease                                                                                                                                                                                                                                                                                                                                                                          |  |             |    |
| For women only - Are you pregnant                                                                                                                                                                                                                                                                                                                                                                                              |  |             |    |
| Signature of Applicant: .....                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date: ..... |    |

| B Declaration of the Insurance Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. The information included in this document is essential in order to insure you under the policies and for all other matters related to policies and their handling. The Company and other companies in the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf will use it, including processing, storing, and using it for any matter related to the policies and other legitimate purposes, including the provision of the information to third parties acting on behalf of and in the name of the Harel Group.</p> <p>2. I/we hereby declare that all the answers are correct and full and have been provided of my/our own free will.</p> <p>3. The answers specified in the Health Declaration and any other information provided to the company, as well as the accepted terms of the company regarding this matter shall serve as fundamental terms of the insurance contract between you and the company and shall constitute an integral part therefore.</p> <p>4. The company is permitted to decide whether to accept or deny your application. For your information, the insurance contract will become effective only after the company issues written confirmation of acceptance of all the applicants for insurance.</p> <p>5. <b>Waiver of medical confidentiality:</b> I, the undersigned, hereby give permission to the HMO (kupat holim) and/or its medical institutions and/or the all other physicians and psychiatrists, medical institutions and hospitals, and/or any other insurance company and/or any institution and other party, insofar as necessary in order to examine the rights and obligations according to the policy and/or for the purpose of the procedure of examining of my acceptance for the insurance requested, to provide Harel with all the information and details held by the company, without exception, in the form requested by the Requester/s, regarding my health condition, including any disease that I suffered from in the past and/or that I suffer now and/or that I will suffer in the future, and I relieve you from the duty of maintaining medical confidentiality and waive confidentiality in favor of the "Requester". This waiver is binding of my/our estate and my legal representatives and anyone substituting for me.</p> |  |
| <p>Signature of Applicant: ..... Date: .....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |