**Expression of Interest and Commitment Form**

**Instructions:**

1. Please fill in each field. Note: **BOLD** fields are Mandatory. TYPE or PRINT in dark ink.
2. Please send the completed form to e4j.cyberprevent@un.org by **15 April 2019**.
3. Please use the following title in the subject line of your email message “**Cybercrime Workshop Africa**’’

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| **Your contact details** |
| **Title** (Mr./Mrs./etc.): |       |
| **First Name** (as in Government ID): |       |
| Middle Name (as in Government ID): |       |
| **Last Name** (as in Government ID): |       |
| **Date of Birth** (dd/mm/yyyy): |       |
| Place of Birth(Country/City)**:** |       |
| **Gender:** | Male [ ]  Female [ ]  Other [ ]  |
| **Nationality:** |  |
| **Address:** |       |
|       |       |       |
| (**City**) | (Zip Code) | **(Country)** |
| **Telephone number:** |       |
| **Email address:** |       |
| **Your employment details** |
| **Name of University/Employer:** |       |
| **Country/City:** |       |
| **Job Title:** |       |
| **Specialty Subject(s):** | [ ]  Computer Science [ ]  Cyber Security[ ]  Social Sciences [ ]  Political Sciences[ ]  Law and Criminal Justice |
| **Level:** | Undergraduate [ ]  Graduate [ ]  |
| **Name of Programme/Course you are teaching:** |  |

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| **Questions**  |
| 1. **Will you be able to teach or use at least one of the modules of the E4J University Module Series on Cybercrime in the academic year 2019/2020?**

Yes [ ]  No [ ] **If the answer is no, please specify when you will be able to teach or use at least one of the modules.**      |
| 1. **How many students per semester do you anticipate to teach using the modules?**

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| 1. **Will you be able to pass on information about the E4J University Module Series on Cybercrime and recommend it to your colleagues/subordinates over the next six months?**

Yes [ ]  No [ ]  |
| 1. **UNODC will be able to invite a limited number of applicants to participate in the workshop. Why should we select you? (***please explain in no more than 500 words***)**
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| 1. **If you are not successful, would you mind if UNODC contacts you for any further involvement in other UNODC activities?**

Yes [ ]  No [ ]  |

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| By checking this box, I certify that the above information is accurate: | [ ]  | Date (dd/mm/yyyy): |       |