



Madrid, 23 January 2019

Subject: Invitation for Heads of Delegation to designate candidates for scholarships for the university specialisation course in the organoleptic assessment of virgin olive oil (University of Jaén) - 2019

As part of its technical cooperation and training programme for 2019, the International Olive Council plans to award 20 scholarships for the university specialisation course in the organoleptic assessment of virgin olive oil (university expert diploma), taught at the University of Jaén (Spain).

The aim of the course is to teach students the theoretical principles and methodology for the organoleptic assessment of virgin olive oil and the analysis of the factors and positive and negative attributes that define sensory quality in relation to cultural practices, processing methods and other general physical and chemical quality control parameters.

This three-month course will begin on 30 September and will end on 20 December 2019. The course will be given in Spanish.

The IOC will pay the enrolment fees, travel expenses at the start and end of the course and a monthly board, lodging and insurance allowance (€860).

Applications are open until 15 March 2019 (date of receipt by the Executive Secretariat). Applications should be accompanied by the attached application form (one per candidate) together with a CV providing at least the following information:

1. Full name (first name and surname)
2. Full address, specifying town/city, post code and country
3. Telephone number (preferably mobile and direct landline)
4. E-mail address (private and work)
5. Tax identification number or passport number
6. Date of birth
7. Nationality
8. Area of specialisation
9. Current job: company/institution, post, duties, etc.
10. Prior job experience: companies/institutions, posts, duties, etc.
11. Qualifications: degrees/courses, university/centre, date, etc.
12. Language skills





Candidates must attach a photocopy of their passport and qualifications.

The course is geared at candidates working in the olive sector, particularly in the organoleptic assessment of virgin olive oils, holding degrees or diplomas preferably in one of the following fields: chemistry, food science and technology, environmental science, pharmaceutical sciences, biology or agronomy.

Full-time commitment is required of participants who must not be engaged in any other professional activities during the course

Good knowledge of Spanish is necessary to participate in the training.

Precedence will be given to applicants under the age of 40 and selection will be based on the CVs submitted.

All things being equal, priority will be given to candidates nominated by the Heads of Delegation of the IOC, or with a recommendation letter from an official institution related to olive oil of the member country where they are from.

Please be aware that some candidates may be excluded from participating and that the IOC may also request additional information from candidates.

The award of the scholarships is subject to the date of payment of the participation shares by IOC Members.

This invitation represents no obligation on the part of the IOC to select the candidates.

Yours faithfully,

Abdellatif Ghedira
Executive Director



APPLICATION FORM
UNIVERSITY SPECIALISATION COURSE IN THE ORGANOLEPTIC
ASSESSMENT OF VIRGIN OLIVE OIL
UNIVERSITY OF JAÉN (SPAIN) - 2019

Please complete this application form and return it together with a detailed *Curriculum Vitae* and supporting documents to:

International Olive Council (IOC)

Principe de Vergara, 154

28002 Madrid (Spain)

Tel.: +34-915903638

Fax: +34-915631263

E-mail: iooc@internationaloliveoil.org

PLEASE USE BLOCK CAPITALS IF COMPLETING THIS FORM BY HAND

NB: For an application to be considered eligible, candidates must send this form duly completed to the IOC, together with a detailed CV and a photocopy of their passport and any supporting documents (qualifications, etc.).

PERSONAL DETAILS:

Surname(s)/family name(s):

Given name/first name:

Passport No (please attach copy of passport):

Sex:

Date of birth:

Nationality:

Private address (street, number, floor):

Post code:

Town:

Country:

Private mobile (indicate country and area codes):

Private e-mail :

Insert your
photograph
here

REASONS FOR APPLYING):

(Use all the space necessary)



EDUCATION AND QUALIFICATIONS:

UNIVERSITY DEGREE

Starting date–ending date:

Title/course:

University/centre:

Town /country:

(Repeat this section as many times as necessary)

FURTHER DEGREES

Starting date–ending date:

Title/course:

University/centre:

Town /country:

(Repeat this section as many times as necessary)

INTERNSHIPS

Starting date–ending date:

Subject matter:

University/centre/company:

Town /country:

(Repeat this section as many times as necessary)

WORK OR ACTIVITY DETAILS:

Starting date of employment/activity:

University/institution/company:

Faculty/centre/delegation:

Department/section:

Present position:

Present post held since (indicate date):

Duties:

Address (street, number, floor):

Post code:

Town:

Country:

Telephone (indicate country and area codes):

Fax (indicate country and area codes):

Work mobile (indicate country and area codes):

E-mail:

Web site:



PREVIOUS WORK EXPERIENCE/ACTIVITY:

Starting date—ending date of employment/activity:

University/institution/company:

Faculty/centre/delegation:

Department/section:

Position held:

Duties:

Address (street, number, floor):

Post code:

Town/city:

Country:

Telephone (indicate country and area codes):

Fax (indicate country and area codes):

E-mail:

Web site:

(Repeat this section as many times as necessary)

MOST IMPORTANT PUBLICATIONS:

(Use all the space necessary)

**NAME AND ADDRESS OF TWO RESEARCHERS OR ACADEMIC FACULTY
ACQUAINTED WITH YOUR PROFESSIONAL QUALIFICATIONS AND
ACTIVITIES**

(Use all the space necessary)

KNOWLEDGE OF LANGUAGES: (answer VG= Very Good, G= Good, F= Fair)

Arabic

Read:

Spoken:

Written:

English

Read:

Spoken:

Written:

French

Read:

Spoken:

Written:

Italian

Read:

Spoken:

Written:

Spanish

Read:

Spoken:

Written:

OTHER (please specify):

Read:

Spoken:

Written:



FULL NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Surname(s)/family name(s):

Given name/first name:

Address (street, number, floor):

Post code:

Town:

Country:

Tel. (indicate country and area codes):

Fax (indicate country and area codes):

E-mail:

ADDITIONAL RELEVANT INFORMATION

(Use all the space necessary)

I certify that the information given here is correct and I agree to notify any modification thereof.

Date:

Signature:

