

**UNESCO / ICTP Application to host an  
ACTIVE LEARNING IN OPTICS AND PHOTONICS (ALOP) WORKSHOP**

**Important Notes:**

- (1) Before completing this application, please read “UNESCO Active Learning in Optics and Photonics (ALOP) Logistical Requirements for Workshops” available at [http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/SC/pdf/Implement\\_ALOP\\_workshop.pdf](http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/SC/pdf/Implement_ALOP_workshop.pdf)
- (2) Note that successful proposals will receive some funding from UNESCO/ICTP. These funds are limited to approved direct costs, and will be specified in an assignment letter.
- (3) Please send completed application to [niemela@ictp.it](mailto:niemela@ictp.it) with a copy to [crotta@ictp.it](mailto:crotta@ictp.it)
- (4) Applications are due by September 30 of the year before the proposed start date, and confirmation will be made by the third week of January if approved for that calendar year.
- (5) If you need help in completing this application, please e-mail the appropriate ALOP Regional Coordinator: Africa: Souad Lahmar ([soulahmar@yahoo.fr](mailto:soulahmar@yahoo.fr)); Asia: Alex Mazzolini ([amazolini@swin.edu.au](mailto:amazolini@swin.edu.au)); Latin America: David Sokoloff ([sokoloff@uoregon.edu](mailto:sokoloff@uoregon.edu))

**(a) Local Coordinator / Applicant for the proposed ALOP workshop**

Name and title:

Email address:

Phone number (including international dialing code):

Cell number (including international dialing code):

Skype name (preferred for planning calls):

Full address:

**(b) University or Institution that will host the proposed ALOP workshop**

- Name of Institution (including faculty, department or section responsible for hosting the ALOP workshop):
  
- Full address:
  
  
- Complete contact information:

**(c) Proposed dates for ALOP workshop**

*Please give several preferred dates. We will try to honor your ordering depending on the availability of facilitators. Note that normally the workshop dates should start on Sunday evening and end Friday evening. Also note that the dates must be chosen so that participants and facilities will be available for the entire workshop.*

1) From \_\_\_\_\_ to \_\_\_\_\_

2) From \_\_\_\_\_ to \_\_\_\_\_

3) From \_\_\_\_\_ to \_\_\_\_\_

**(d) Venue details.** For detailed requirements, please refer to [http://pages.uoregon.edu/sokoloff/Implement\\_ALOP\\_workshop.pdf](http://pages.uoregon.edu/sokoloff/Implement_ALOP_workshop.pdf)

In particular, note that it must be possible to fully darken the workshop room.

- Name and full address of ALOP venue, if different from (b):
- Include any relevant information concerning the availability of suitable laboratory space and facilities for the workshop, and appropriate accommodations for facilitators and foreign participants, which are as close as possible to the workshop venue.

**(e) Brief statement of the rationale for holding an ALOP in this location.**

How would the ALOP workshop benefit the host institution, country and region:

**(f) ALOP workshop local organizing committee (including persons responsible for implementing the ALOP at the host institution)**

Please include both name and position, and affiliation (if different from the hosting institution).

**(g) Proposed participation (optimum: 30) of physics academics and high school teachers**

*(Note that every effort should be made to balance the number of male and female participants.)*

Estimated number of local participants:

Estimated number of regional (in country) participants:

Estimated number of international participants (from neighbouring countries):

From which neighbouring countries will international participants come:

Please describe the expected fluency of participants in English, French or Spanish:

**(h) Support of host institution and professional organizations**

(1) Please briefly describe the involvement and support (financial and in-kind) of the host institution.

(2) We strongly encourage local partnerships for a lasting sustainability of the program. Please indicate whether contact has been or will be made with local physical/optical societies (if they exist), Government (e.g., Ministry of Education and/or Science), regional bureau of the International Commission for Optics (ICO), local UNESCO office and/or the National Commission for UNESCO.

(3) We encourage you to seek support from science and education companies and other commercial sources. Please briefly describe any possible support from these sources.

**(j) Reminder: Important Dates:**

Applications are due by September 30 of the year before the proposed start date, and a decision will be made on whether to support the proposal by the third week of January.

**Applicant:**

I have explored the possibility of hosting an ALOP locally, the information provided above is correct, and if selected, I will make every effort required to organize the ALOP on the proposed dates.

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Signature	Name	Title	Date
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**University/Institution Representative:**

I have read the above proposal and support it in principle. I understand that if approved, UNESCO/ICTP will provide complete information on available funding and its intended use. This signature does not imply any financial commitment.

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Signature	Name	Title	Date
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