

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Local Political Leaders-Capacitating Women in Politics Inception workshop in Spring 2014 Training in Sweden in September 2014

Date ___

omment, see attached note

Sign ____

APPLICATION FORM (Typewriting or block letters)

The	Country	
(name of nominating organisation/institution/company)	,	
nominates(name of applican	1)	
To the programme "Local Political Leaders-Capacitating Women in Politics"		
Inception workshop in Spring 2014, Training in Sweden in September Reasons for nomination	2014.	
(obligatory)		
Date		
Signature of nominating organisation/institution/company		
(When necessary/applicable) The Nomination is approved by (name of authorising authority)		in accordance with local rules
Date Signature of authorising authority		
The Application should be submitted to the appropriate Swedish Embassy/Consulate no later than February 15th, 2014		
The Embassy/Consulate will forward it to the programme secretariat.		
If no appropriate Swedish Embassy/Consulate in the country, please submit application form directly to secretariat at the latest on February 1	l5th, 2014	
Programme lead, policy and management:		РНОТО
Swedish International Centre for Local Democracy		
Adiam Tedros P.O. Box 1125		(Please do not glue. Attach with Staple)
SE-621 22 Visby, Sweden		
Documents sent by courier service should be addressed:		
ITP - Application		
Swedish International Centre for Local Democracy Hamnplan 1		
SE-621 57 Visby, Sweden		
N.B. Applications can be sent as a DDE from the ICLD is homened	10	
N.B. Applications can be sent as a PDF from the ICLD:s homepage www.icld.se, but a printed signed version has to be submitted to the submitted to the submitted to the submit		
appropriate Swedish Embassy/Consulate as described above.		
A	opplications received after t	his date will not be considered.

PERSONAL HISTORY

	0			E a ser il su se a		
1. First name (underline name by which formally addressed)	Second name			Family nai	me (surname)	
2. Office address		3. Telephone (to office) (country code/area code)				
		Fax no.				
		E-mail (obliga	atory):			
4. Home address		5. Telephone (home) (country code/areal code)				
		Mobile phone	:			
		E-mail (home):			
6. Nationality			Date of birth	Day	Month	Year
7. Sex 🗆 Male 🔲 Female						
8. Name and address of person to be notified in ca	se of emergency (inc	cl. country code	/area code)			
Telephone:		E-mail:				
9. Education (start with last attended institution and	I work backwards). P	lease attach ce	rtified copy of high	gnest degree		
Name of institution and place of study	Major fields	of study	Years of study	from - to	Degrees	
		· · · · · · · · · · · · · · · · · · ·			-	

10. List membership of professional societies or other activities in civil, public or international affairs			
11. List any relevant publication you have written (do not attach)			
12. Previous residence in foreign country in relation to applicant's professional or study interest			
Have you participated in any training programme in Sweden before?			
🔄 yes 🔲 no Name of programme, year			

EMPLOYMENT RECORD

In order that your application may be complete, please give details of your duties and responsibilities for each of the posts you have occupied.

A. Present position

Title of your post	Description of your work, including your personal responsibilities and achievements you have contributed to
Years of service: from - to	
Type of organisation	
🗆 Ministerial 🔲 Municipal	
Regional INGO Other:	
Name of supervisor (if any)	
Name and address of employer	

B. Previous position

Title of your post	Description of your work, including your personal responsibilities and achievements you have contributed to
Years of service: from - to	
Type of organisation Ministerial Municipal Regional NGO Other:	
Name of supervisor (if any)	
Name and address of employer	

Please state briefly the reason for applying to this programme, your main field of interest within the programme and how you hope to benefit from the programme. (Continue on supplementary page if necessary but no more than one page).

Computer knowledge (rate from 0 to 5, where 0 = no knowledge, 3 = normal user, 5 = expert) Applications: Word 0 Power Point 0 Excel 0

I have access to internet at work
at home

My Project for Change

The following headlines should be included:

- 1. Background and explanation of the role and responsibility of the applicant
- 2. Problem analysis and/or situation analysis;
- 3. Objectives of the project, including the participant's intended contribution
- 4. Work plan; specific tasks and estimated time allowance for the activities specified.

LANGUAGE REQUIREMENT

English certification does not have to be carried out if any of the following is applicable:

English is my mother tongue or official language of the country.

English is my working language (please enclose statement from management).

Carried out higher academic education (min. 6 months) where English was the medium of instruction (please enclose copy of certificate).

CERTIFICATE OF THE ENGLISH LANGUAGE

Not required if any of the conditions at the bottom of page 3 apply

Name of candidate	
ABILITY TO UNDERSTAND	ABILITY TO SPEAK
Understands without difficulty when addressed at normal rate	Speaks fluently and accurately and is easily intelligible
Understands almost everything, if addressed slowly and carefully	Speaks intelligibly, but is not fluent or altogether accurate
Requires frequent repetition and/or translation of words and phrases	Speaks haltingly, and is often at a loss for words and phrases
ABILITY TO WRITE	READING ABILITY AND COMPREHENSION
Writes with ease and accuracy	Reads fluently, with full comprehension
Writes slowly and with only a moderate degree of accuracy	Reads slowly, but understands almost everything
Writes with difficulty and makes frequent mistakes	Reads with difficulty, and only with frequent recourse to a dictionary
Language test administered by:	
Title:	
Address and Telephone:	
Date and signature:	

MEDICAL STATEMENT

Information to all applicants according to the Swedish Personal Data Act: Upon confirmation that your application have been accepted, the personal information that you have given in this application will be used by the Programme Organiser in administering the Programme. Your personal data will also be available to ICLD for internal use. The Data will not be used for other purposes.

Signature of Applicant

I certify that my statement in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief. If selected as a participant I undertake to spend the time during the period of the programme as directed by the programme management.

—— Signature of applicant __