



Intellectual Property for Least Developed Countries (228)
 Stockholm, Sweden, November 14 – December 2, 2011
 and a Regional follow-up May 21 – 25, 2012

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

- Comment, see attached note
- Official nomination not necessary in this country

APPLICATION FORM (Typewriting or block letters)

The _____ Country _____
 (name of nominating organisation/institution/company)

nominates _____
 (name of applicant)

To the programme Intellectual Property for Least Developed Countries (228), Stockholm, Sweden, November 14 – December 2, 2011 and a Regional follow-up May 21 – 25, 2012

Reason for nomination (obligatory) _____

We are aware that if this person will be selected for this training our organisation will release the person for all parts of the programme and also support him/her when working with the project.

Date _____ Signature of nominating organisation/institution/company _____

Name of nominating manager _____ Telephone number _____

E-mail address _____ Fax _____

If the immediate superior of the applicant is another person than above please state here:

Name of the applicants superior _____

E-mail _____ Fax _____ Telephone _____

(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 at the latest on **August 15, 2011.**
 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 **August 15, 2011.**
 Applications received after this date will not be considered.
 This form is available on the web site <http://www.prv.se/courses> where it could be filled in on the computer. Please send an advance copy by e-mail to the organiser:

PHOTO

(Please do not glue.
Attach with Staple)

The Swedish Patent and Registration Office
 att.: Mr. Christian Nilsson
 P.O. Box 5055
 SE-102 42 Stockholm
 Sweden

Phone: +46 8 782 25 98
 Fax: +46 8 783 0163
 E mail: international@prv.se
 Web site: www.prv.se/courses

PERSONAL HISTORY

1. First name (underline name by which formally addressed)		Second name	Family name (surname)		
2. Office address		3. Telephone (to office). (country code/area code)			
		Fax no. (obligatory)			
		E-mail (obligatory)			
4. Home address		5. Telephone (home) (country code/area code)			
		Mobile phone:			
		E-mail (home):			
6. Nationality		Date of birth	Day	Month	Year
7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					
8. Name and address of person to be notified in case of emergency (incl. country code/area code)					
Name _____ E-mail _____					
Address _____ Telephone _____					

9. Education (start with last attended institution and work backwards)			
Name of institution and place of study	Major fields of study	Years of study from – to	Degrees
10. Previous residence in foreign country in relation to applicant's professional or study interest			
Have you participated in any training programme in Sweden before?			
<input type="checkbox"/> yes <input type="checkbox"/> 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
Years of service: from-to	
Type and level of organisation	
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
Years of service: from-to	
Type and level of organisation	
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).

COUNTRY PROJECT

Please state the title of your country project _____

APPLICATION REQUEST

This form is available on our website: www.prv.se/courses
please fill it in on the screen and then print.

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

MEDICAL STATEMENT

<input type="checkbox"/> I do not have any infectious diseases (for example tuberculosis or trachoma) or any other illnesses which could present risks to persons that I will come in contact with.
<input type="checkbox"/> I do not have any medical conditions which prevent me from carrying out training away from home.
<input type="checkbox"/> I am in good health and enjoying full working capacity.
<input type="checkbox"/> If you have a disability please state.
Comment: _____ _____ _____ _____

Information to all applicants according to the Swedish Personal Data Act:

Upon confirmation that your application have been accepted, the personal information that your have given in this application will be used by the Programme Organiser in administering the Programme, Your personal data will also be available to Sida for internal use. The data will not be used for other purposes. If you want a record of filed personal information you must send a written request to Mr Tomas Törn, ITP, SE-105 25 Stockholm, Sweden or tomas.torn@sida.se

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.

Date _____ Signature of Applicant _____

If you are selected, you will be notified by fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**