



SUWAS AFRICA 2018 B
 Sustainable Urban Water an Sanitation
 – Integrated Processes (301B)
 In Sweden: August 27 – September 14, 2018
 In Uganda: 2 weeks in January/February, 2019

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note

APPLICATION FORM (If writing by hand, please use block letters.)

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

nominates _____
 (name of applicant)

to the Programme in Sustainable Urban Water an Sanitation – Integrated Processes (301B), May 2018 – July, 2019.

Reasons for nomination (obligatory) _____

Date _____

Signature of nominating organisation/institution/company _____

Name in block letters _____

Position _____

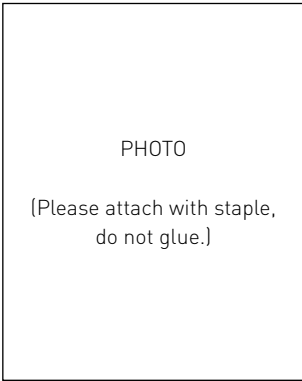
A soft copy of the application should be submitted by e-mail to the programme organiser at itp@niras.se no later than **March 16, 2018**.

If a scanned copy is not possible, the original application shall be submitted to the nearest Swedish embassy/consulate no later than **March 16, 2018**.

The embassy/consulate will then forward the hard copy to the organiser.

Candidates will be notified of the results of the selection at the end of April 2018.

ITP Secretariat
 NIRAS
 PO Box 70375
 SE-107 24 Stockholm, SWEDEN
 Phone: +46 (0)8 545 533 00
 Fax: +46 (0)8 545 533 33
 E-mail: itp@niras.se
www.niras.com/nic



PERSONAL DETAILS

First name (underline name by which formally addressed):	Second name:	Family name (surname):
Home address:	Tel. mobile:	
	Tel. office:	
	Tel. home:	
	E-mail, primary:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail, secondary:	
Nationality:	Date of birth (yymmdd):	
Please provide contact information below for a person to be notified in case of emergency.		
Name:	Tel. mobile:	
Relation to applicant:	E-mail:	

EDUCATION

Name of institution and place of study	Major fields of study	Years of study from – to	Degrees

List membership of professional societies or other activities in civil, public or international affairs:

Previous residence in foreign country in relation to applicant's professional or study interest:

Have you participated in any Sida international training programme (ITP) in Sweden before?
 yes no Name of programme, year:

EMPLOYMENT RECORD: present position

Name of organisation (including department/unit):		Description of your work, including your personal responsibilities:	
Address of organisation:			
Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____			
Title of your position:	Years of service:		
Supervisor's name:			
Supervisor's tel:	Supervisor's e-mail:	Number of employees in your organisation:	Number of employees supervised directly by you:

EMPLOYMENT RECORD: previous position

Name of organisation (including department/unit):		Description of your work, including your personal responsibilities:	
Address of organisation:			
Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____			
Title of your position:	Years of service:		
Supervisor's name:			
Supervisor's tel:	Supervisor's e-mail:	Number of employees in your organisation:	Number of employees supervised directly by you:

RELEVANCE FOR YOUR ORGANISATION

Describe how this programme would be relevant for you and your organisation by answering the following questions on 1-2 supplementary pages.

A What main benefits would your organisation hope to gain from a long-term engagement and participation in the SUWAS programme?

B Please outline any critical challenges facing your organisation.

C Please outline key ongoing processes for improving WASH in your city / area of operation, (not limited to processes where your own organisation is involved).

D One of the programme goals is to improve the cooperation between organisations within the same area of operation. What kind of cooperations has your organisation already established within urban water and sanitation? With what other organisations would you like to develop such a cooperation? What benefits would you expect thereof?

SOURCE OF INFORMATION

From where did you get the information about this training programme?

Swedish Embassy

From my organisation/supervisor

Directly from the programme organisers

Website

Other If so, where? _____

LANGUAGE REQUIREMENT

Please check any and all of the following conditions that are applicable:

English is my native language.

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

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

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

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.
<p>Comment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Information to all applicants according to the Swedish Personal Data Act:
 Upon confirmation that your application has 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 Sida for internal use. The data will not be used for other purposes.

APPLICANT'S SIGNATURE

I certify that my statement in answer to the questions above 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 _____ Applicant's signature _____