

Received application by administration:

Sign \_\_\_\_\_ Date \_\_\_\_\_

Comment, see attached note 

## APPLICATION FORM (Typewriting or block letters)

The \_\_\_\_\_ Country \_\_\_\_\_  
(name of nominating organisation/institution/company)nominates \_\_\_\_\_  
(name of applicant)**To the programme in Strategies for Human Rights towards Gender Equality  
Training course in Stockholm, Sweden March 7 – April 1, 2011**Reasons for nomination \_\_\_\_\_  
(obligatory)

Date \_\_\_\_\_

Signature of nominating organisation/institution/company \_\_\_\_\_

E-mail of supervisor \_\_\_\_\_

(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 presented to the embassy/consulate of Sweden at the latest on **November 15, 2010**. The embassy/consulate will forward the application to the secretariat of the programme.

For better quality of the application it is recommended to contact your local partners for advice and support during the application process. For contact information see the Programme Brochure.

PHOTO

(Please do not glue.  
Attach with Staple)

**Programme Secretariat**  
**SIPU International AB**  
Dalagatan 7, 1st floor  
SE - 111 23 Stockholm, SWEDEN  
Telephone: +46 (0)8 698 06 00  
Telefax: +46 (0)8 698 06 10  
E-mail: info@sipuinternational.se  
Website: www.sipuinternational.se

Applications received after November 15, 2010 will not be considered.

## 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.		
		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)				
Telephone:		E-mail:		

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. 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?			
<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, your role related to the strategic growth idea proposed by your organisation/country and how you expect to benefit from the programme.  
(Continue on supplementary page if necessary but no more than one page).

## CHANGE PROJECT

Please describe your Project for Change. Give it a Title. Describe the background and the role of your organisation. Include the goals and objectives, and who will benefit, directly and indirectly. If there are pre-conditions to be met, constraints and/or hindrance to overcome, describe them. Explain briefly the activities and tasks you envisage. If there are financial costs, give rough estimates and indicate your proposed source of funds. Use 1–2 pages.

## 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 _____	
<b>ABILITY TO UNDERSTAND</b> <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	<b>ABILITY TO SPEAK</b> <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
<b>ABILITY TO WRITE</b> <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	<b>READING ABILITY AND COMPREHENSION</b> <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.
Comment: _____ _____ _____ _____

<b>Information to all applicants according to the Swedish Personal Data Act:</b> 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 <a href="mailto:tomas.torn@sida.se">tomas.torn@sida.se</a>
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### 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.**