



Social Protection for Sustainable Development
South Africa: 12 – 18 June 2019
Sweden: 16 – 27 September 2019
South Africa: 11 – 17 June 2020

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 on Social Protection for Sustainable Development (South Africa, 12 – 18 June 2019; Sweden, 16 – 27 September 2019, South Africa 11 – 17 June 2020).

Reason for nomination (obligatory), including how your organisation intends to use the training strategically (use additional page, if necessary)

additional page(s), indicate number _____

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. Note that no funding of the project is provided by the organisers.

Date _____ Signature of nominating organisation/institution/company _____

Name of nominating manager _____ Telephone number _____

E-mail address _____

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

Name of the applicants superior _____

E-mail _____ 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 the **30th of April 2019**. The embassy/consulate will forward it to the programme secretariat.

If there is no appropriate Swedish embassy/consulate in the country. Please submit application form directly to secretariat (contact information below) at the latest on the **30th of April 2019**. Please, e-mail a copy of your application to ITP@epri.org.za by **30th of April 2019**. Applications received after this date will not be considered.

EPRI – Economic Policy Research Institute
E-mail: ITP@epri.org.za
Phone: +27 82 550 4055

Arbetsförmedlingen – Swedish Public Employment Service
E-mail: julia.kusoffsky@arbetsformedlingen.se
Phone: +46 771 60 00 00

PHOTO
(Please do not glue.
Attach with Staple)

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. Please also briefly describe how your present work relates to the field of social protection. (Continue on supplementary page if necessary but no more than one page).

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. (This box is for information only and will not affect the selection of candidates)
Comment: _____ _____ _____ _____

Information to all applicants according to the General Data Protection Regulation (GDPR):

Once confirmation has been given 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 and for alumni purposes, and may also be disclosed to the public in accordance with the principle of public access to information in Sweden. You are entitled to access your personal data and can always request your personal data to be corrected, erased or restricted. For more information about GDPR, please visit www.sida.se or ask the programme organizer for support.

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 e-mail. **Please confirm your acceptance to attend by e-mail.**