

Disaster Risk Management (321)  
3–6 February, 2020 in Kathmandu, Nepal,  
21 April–7 May, 2020 in Stockholm and Karlstad, Sweden  
and October 2020 in one of the participating countries

FOR OFFICIAL USE OF THE PROGRAMME SECRETARIAT

Received application by administration:

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

Comment, see attached note

APPLICATION FORM (To be filled in electronically.)

The \_\_\_\_\_ Country \_\_\_\_\_  
(name of nominating organisation/institution/company)

nominates \_\_\_\_\_  
(name of applicant)

**to the programme Disaster Risk Management (321) 3–6 February, 2020 in Kathmandu, Nepal,  
21 April–7 May, 2020 in Stockholm and Karlstad, Sweden and October 2020 in one of the participating countries.**

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 change initiative.**

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 \_\_\_\_\_

The Application should be submitted directly to Programme secretariat at the latest on **28 October, 2019**. Applications received after this date will not be considered.

The application should be sent to the following email: **itp@msb.se**

PHOTO

(Please attach with staple,  
do not glue.)

Contact:  
Myndigheten för samhällsskydd  
och beredskap,  
651 81 Karlstad, Sweden  
Phone: +46 771 240 240  
Fax: +46 10 240 56 00  
E-mail: itp@msb.se

## PERSONAL DETAILS

First name(s) ( <u>underline name by which addressed</u> ):	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 <input type="checkbox"/> Other	E-mail, secondary:	
Nationality:	Date of birth (yyymmdd):	
Dietary requirements:		
Other means of communication: <input type="checkbox"/> Skype <input type="checkbox"/> Messenger <input type="checkbox"/> WhatsApp		Userid/Telephone number:
<i>Please provide contact information below for a person to be notified in case of emergency.</i>		
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 training programme 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"/> Academia <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____		Description of the way the organisation works with Disaster Risk Management:	
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"/> Academia <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:

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

**CHANGE INITIATIVE** We ask you to describe your change initiative in a separate Word document guided by the questions below.

Proposed outline of the change initiative:

- 1) Title
- 2) Problem/challenge statement(s)
- 3) The change you intend to achieve through your change initiative, alternatively elaborate on what you consider key to focus on based on above mentioned challenge/s
- 4) Overall objective and if possible anticipated outcomes and outputs
- 5) Implementing partners (implementing organisation (s) and departments within the applying organisation(s) and overall functions)
- 6) Key functions within your organisations that the proposed change initiative will depend on and which are key actors outside your organisation that you might need to cooperate with.
- 7) Implementation period
- 8) If the change initiative runs over several cycles please describe when each personnel or organisational function will be relevant, as well how the hand-over process will be ensured from one team/cycle to forthcoming one
- 9) Description of how gender will be mainstreamed in the initiative
- 10) Description of how environmental aspects will be mainstreamed in the initiative

**Theme of change initiative (choose all that apply)?**

- Prevention    Preparedness    Response    Recovery    Coordination    Information Management
- Policy development    Training    Community-based    Gender    Environment
- Other: \_\_\_\_\_

## LANGUAGE REQUIREMENT

Please select the conditions which are applicable, if any.

- 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).
- I understand, speak, write and read English at an intermediate level.

## MEDICAL STATEMENT

- 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.
- I do not have any medical conditions which prevent me from carrying out training away from home.
- I am in good health and enjoying full working capacity.

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 our website [www.sida.se](http://www.sida.se) or ask the programme organizer for support.

## 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 \_\_\_\_\_

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