

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 Productive Employment and Decent Work for Sustainable Development (318:3B) in Sweden,
23 September – 11 October, 2019, and in one of the participating countries (to be decided), 25 – 29 May, 2020.**

Reasons for nomination (obligatory) _____

Date _____

Signature of nominating organisation/institution/company _____

(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 **29 March, 2019**. 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 the **29 March, 2019**.

Please, e-mail a copy of your application to nihal.hariri@arbetsformedlingen.se by **29 March, 2019**.

Arbetsförmedlingen – Swedish Public Employment Service,
Director General's office/
Unit of International Affairs
SE-113 99 Stockholm, Sweden
Phone: +46 771 600 000, fax +46 8 508 801 75
E-mail: itp@arbetsformedlingen.se
www.arbetsformedlingen.se

For questions about the programme please contact:
Ms Therése Bergström, Programme Manager
E-mail: therese.b.bergstrom@arbetsformedlingen.se

For questions about the application form please contact:
Ms Nihal Hariri, Project coordinator
E-mail: nihal.hariri@arbetsformedlingen.se

Applications received after this date will not be considered.

PHOTO

(Please attach with staple,
do not glue.)

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	E-mail, secondary:	
Nationality:	Date of birth (yymmdd):	
<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"/> 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:

Please give a short description of your organisation. Please specify what kind of reforms/processes affecting the labour market your organisation are involved in and your role. Please also state briefly the reason for applying to this programme. (1 supplementary page).

Please describe you proposed project for change, which must be anchored and funded by your organisation. (1-2 supplementary pages). Please also mark in what area your project of change will contribute to

labour market analyses labour statistics social dialogue

We take a positiv view if your project proposal linkes to cross-cutting issues like gender equality, anticorruption and environmental issues.

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).

ENGLISH LANGUAGE CERTIFICATE

Not required if any of the conditions above is met.

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

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 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 _____