



ITP296 2015 "Peace and Security in Africa (PASA)"
18 May – 5 June, 2015 in Uppsala, Sweden and
2–13 November, 2015 in South Africa.

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note

APPLICATION FORM (Typewriting or block letters)

The _____ Country _____
(name of nominating organisation/institution) (office location of applicant)

nominates _____
(name of applicant)

to ITP296 2015 "Peace and Security in Africa (PASA)"
Phase II: Uppsala, Sweden, 18 May – 5 June, 2015. Phase IV: South Africa, 2–13 November, 2015.

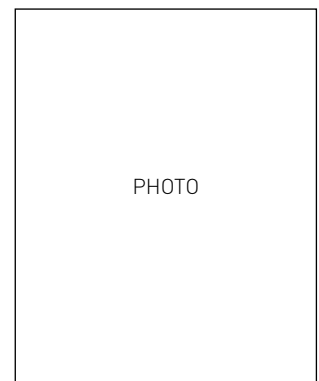
Reasons for nomination _____
(obligatory)

Date _____

Signature of relevant authority at nominating organisation/institution/ _____
(By signing this application, the signatory confirms that the applicant is allowed to participate in the programme in full, if she/he is accepted)

Closing date for applications is **15 February, 2015**.

Please submit the application, with required signatures,
directly to the Programme Secretariat via e-mail.



(Please scan or send photo as
an attachment)

Applications received after **15 February, 2015** 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 numbers (incl. country code/area code) Office phone(s): Mobile: Fax: | | |
| 4. Home address | | | 5. E-mail addresses (obligatory) Primary address: Alternative addresses: | | |
| 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. 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 to make your application complete, please give details of your duties and responsibilities for your present and previous positions.

A. Present position

| | |
|--|--|
| Title of your post | Description of your work, including your personal responsibilities |
| Years of service: (from – to) | |
| Name, type and level of organisation | |
| Name of supervisor (if any) telephone number and email address | |
| 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 | |
| Name, type and level of organisation | |
| Name of supervisor (if any) | |
| Name and address of employer | |

QUESTIONNAIRE

| |
|--|
| 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 briefly describe how the work of your organisation relates to peace and security in Africa and how you hope the organisation will benefit from the programme. |
| Please briefly describe the suggested change project/project proposal that you would work on during the programme and describe how it relates to your current work assignments/work plan. |
| Please briefly describe your position/role in the organisation. If relevant and applicable, please also describe the role of your unit/Department within the larger organisation. What is the total number of employees and, if applicable, the number of employees under your direct or indirect supervision? |
| From where did you get information about this training programme? Swedish Embassy <input type="checkbox"/> Former participant <input type="checkbox"/> If so, whom? _____ Website <input type="checkbox"/> Other <input type="checkbox"/> If so, where? _____ |

LANGUAGE REQUIREMENT

| |
|---|
| English certification does not have to be carried out if any of the following is applicable: <input type="checkbox"/> English is my mother tongue or official language of the country. <input type="checkbox"/> English is my working language (please enclose statement from management) <input type="checkbox"/> 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. |
| Comment: _____ _____ _____ |

Information to all applicants according to the Swedish Personal Data Act:
Upon confirmation that your application have 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.

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.**