

**Local Political Leaders-Capacitating Women in Politics**  
Training in Sweden in October 2013  
Regional Training in August 2013

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/company)

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

**To the programme "Local Political Leaders-Capacitating Women in Politics"**  
**Training in Sweden in October 2013, Regional Training in August 2013**  
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 no later than **April 30th, 2013**  
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 **April 30th, 2013**

**Programme lead, policy and management:**  
Swedish International Centre for Local Democracy  
Adiam Tedros  
P.O. Box 1125  
SE-621 22 Visby, Sweden

Documents sent by courier service should be addressed:  
ITP - Application  
Swedish International Centre for Local Democracy  
Hamnplan 1  
SE-621 57 Visby, Sweden

**N.B.** Applications can be sent as a PDF from the ICLD:s homepage, [www.icld.se](http://www.icld.se), but a printed signed version has to be submitted to the appropriate Swedish Embassy/Consulate as described above.

Applications received after this date will not be considered.

PHOTO  
(Please do not glue.  
Attach with Staple)

## 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/areal 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). Please attach certified copy of highest degree.			
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 and achievements you have contributed to
Years of service: from - to	
Type of organisation <input type="checkbox"/> Ministerial <input type="checkbox"/> Municipal <input type="checkbox"/> Regional <input type="checkbox"/> NGO <input type="checkbox"/> Other: _____	
Name of supervisor (if any)	
Name and address of employer	



# 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: _____
_____
_____
_____

### 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 ICLD 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 fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**