

Received application by administration:

Sign _____ Date _____

Comment, see attached note

Programme in Integrated Water Resources Management (IWRM) (237)
in Sweden, August 23 – September 14, 2010
and in Lao PDR, November 22 – December 3, 2010

APPLICATION FORM (Typewriting or block letters)

The _____ Country _____
(name of nominating organisation/institution/company)

nominates _____
(name of applicant)

**to the programme Integrated Water Resources Management (IWRM) (237) in Sweden, August 23 – September 14, 2010
and in Lao PDR, November 22 – December 3, 2010**

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 **March 15, 2010**.
The Embassy/Consulate will forward it to the programme secretariat.

If no appropriate Swedish Embassy/Consulate in the country,
please submit the application directly to the secretariat at the
latest on **March 15, 2010**.

Applicants from the following regions: Balkan region, Caucasus, Central Asia,
Moldova, Russia must submit the application directly to the programme
secretariat at the latest on **March 15, 2010**.

Ramboll Natura AB
P.O. Box 17009
SE-104 62 Stockholm
SWEDEN

Phone +46 10 615 60 00 Adm. Coordinator
Fax +46 10 615 20 00 Ms. Helena Berglund
www.rambollnatura.se helena.berglund@ramboll.se

PHOTO

(Please do not glue.
Attach with Staple)

Applications received after **March 15, 2010** 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 (to office) (country code/area code)		
			Fax no. E-mail (obligatory)		
4 Home address			5 Telephone (home) (country code/area 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)			
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 Sida 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	
Type and level of organisation	
Name of supervisor (if any)	
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	
Type and level of organisation	
Name of supervisor (if any)	
Name and address of employer	

Questionnaire (Continue on supplementary page)

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. (Continue on supplementary page if necessary but no more than one page).

Describe your work and duties in relation to water and water resource management.

INDIVIDUAL PROJECT

Please describe your Individual Project, including title, on no more than two supplementary pages.

Enclosed description 1-2 pages

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.
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. If you want a record of filed personal information you must send a written request to Mr Tomas Törn, ITP, SE-105 25 Stockholm, Sweden or tomas.torn@sida.se.

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.**