

Received application by administration:

Sign _____ Date _____

Comment, see attached note

UN Resolution 1325:

Women, Peace and Security

October 31 – November 25, 2011 in Stockholm, Sweden

APPLICATION FORM (Typewriting or block letters)

The _____ Country _____
(name of nominating organisation/institution/company)nominates _____
(name of applicant)**To the programme in UN Resolution 1325: Women, Peace and Security October 31 – November 25, 2011 in Stockholm, Sweden**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 _____

E-mail of authorising authority: _____

The Application should be submitted directly to the programme organizer at the latest on **June 20 2011**.Applicants from the following regions: Colombia, Democratic Republic of Congo, Georgia, Liberia and Southern Sudan must submit the application form directly to the programme secretariat at the latest **June 20 2011**.

PHOTO

[Please do not glue.
Attach with Staple]**Indevelop**

Att: Chris Coulter

Biblioteksgatan 25

SE- 114 35 Stockholm, Sweden

Telephone: + 46 (0)8 588 318 00

Telefax: + 46 (0)8 678 7217

E-mail: chris.coulter@indevelop.seWebsite: www.indevelop.se

Applications received after June 20, 2011 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. 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

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	

Please state briefly the reason for applying to this programme, your main field of interest within the programme, your role within your organisation and the proposed project, and how your organization will develop through your participation in the programme.

PROJECT ASSIGNMENT

Please describe your project assignment, according to the concept note, on no more than three supplementary pages.

Enclosed description 2–3 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)

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 Swedish Personal Data Act:

Upon confirmation that your application have been accepted, the personal information that your 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.**