

Mine water and mine waste management (ITP: 308) 20 September – 2 October 2022, Online Course August 2023, in one of the participating countries

APPLICATION FORM (Typewriting or block letters)

| TheCountry |
|--|
| TheCountryCountryCountry |
| |
| nominates (name of applicant) |
| Fo the programme Mine water and mine waste management (ITP: 308) 20 September – 2 October 2022, Online Course. |
| August 2023, in one of the participating countries . |
| |
| Reasons for nomination (obligatory) |
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| |
| |
| Date |
| |
| Signature of nominating organisation/institution/company |
| |
| When necessary/applicable) |

(When necessary/applicable)
The Nomination is approved by (name of authorising authority) __________in accordance with local rules.
Date _______Signature of authorising authority ______

A **signed** electronic copy (e.g. pdf) of the application form should be submitted to itp@sgu.se latest **18 June, 2022**.

Attach photo here

(attach a digital photo here)

Applications received after this date will not be considered.

PERSONAL HISTORY

| 1. First name (underline name by which formally addressed | I) Second name | | Family nam | Family name (surname) | |
|---|--------------------------|--------------------------------|------------------|-----------------------|----------------|
| | | | | | |
| 2. Office address at your place of work | ; | 3. Telephone (to office). (cou | ntry code/area | code) | |
| | I | Fax no. | | | |
| | 1 | E-mail (obligatory) | | | |
| 4. Home address | Ę | 5. Telephone (home) (countr | y code/area cod | e) | |
| | 1 | Mobile phone: | | | |
| | I | E-mail (home): | | | |
| 6. Nationality | | Date of bir | th Day | Month | Year |
| 7. Sex 🗅 Male 🗅 Female | | | | | , |
| 8. Name and address of person to be notified in ca | se of emergency (incl. o | country code/area code) | | | |
| Telephone: | ł | E-mail: | | | |
| | | | | | |
| 9. Education (start with last attended institution and v | work backwards) NOTE: | DO NOT add uncompleted de | grees nor prima | ry and seconda | ary education. |
| Name of institution and place of study | Major fields of study | Years of study from – to | Degrees (e.g. di | oloma, B.Sc, M | I.A. or PhD) |

| Name of mstitution and place of study | Major netus or study | reals of study from - to | Degrees (e.g. uptorna, b.sc, M.A. or Filb) |
|---|-----------------------------|-------------------------------|--|
| | | | |
| | | | |
| | | | |
| 10. List membership of professional societies or o | ther activities in civil, p | ublic or international affair | rs |
| | | | |
| | | | |
| 11. Are you currently undertaking studies and/or p | lan to do other studies | parallel with the ITP 308 p | rogramme? |
| | | | 5 |
| yes | | | |
| Jes la no nyes, please specify | | | |
| 12. Previous residence in foreign country in relation | n to applicant's profess | ional or study interest | |
| | | | |
| | | | |
| 13. Have you participated in any training program | ne in Sweden before? | | |
| | | | |
| 🖵 yes 🔲 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 |
|--------------------------------|--|
| 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 | |
| | |

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).

CHANGE PROJECT

Please describe your proposed change project as a concept note (no more than one page). The concept note should contain the following:

- The purpose, aim and the intended results of the change project
- The type of change in the organization that the project will contribute to
- A description how the project can contribute to less environmental impact from mine water and mine waste
- Lenclosed project concept note

LANGUAGE REQUIREMENT

Please indicate if any of the following statements are accurate for you. 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 | ABILITY TO SPEAK |
| Understands without difficulty when addressed at normal rate | Speaks fluently and accurately and is easily intelligible |
| Understands almost everything, if addressed slowly and carefully | Speaks intelligibly, but is not fluent or altogether accurate |
| Requires frequent repetition and/or translation of words and phrases | Speaks haltingly, and is often at a loss for words and phrases |
| ABILITY TO WRITE | READING ABILITY AND COMPREHENSION |
| Writes with ease and accuracy | Reads fluently, with full comprehension |
| Writes slowly and with only a moderate degree of accuracy | Reads slowly, but understands almost everything |
| Writes with difficulty and makes frequent | Reads with difficulty, and only with |
| mistakes | frequent recourse to a dictionary |
| Language test administered by: | |
| Title: | |
| Address and Telephone: | |
| Date and signature: | |

MEDICAL STATEMENT

| Please indicate if any of the following statements are accurate for you. | | | | |
|--|--|--|--|--|
| 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 (the Geological Survey of Sweden – SGU) in administering the Programme. Some personal information about each applicant will also be collected and used for the duration of the Programme. Participants' personal data will also be available to SGU and Sida for internal use and for alumni purposes, and all applicants' personal data 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 www.sgu.se, www.sida.se or ask the programme organiser (ITP@sgu.se) for support.

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. I understand that unauthorised absence, or no-show, may impact my organisation's future participation in the programme. If selected, I agree that my email address be shared with other participants of the programme.

Date

Signature of Applicant _