

ITP320/6 2022

“Developing Strategies for National Chemicals Management”

12 – 16 September 2022, digital introduction to the programme

10 – 28 October 2022, in Stockholm, Sweden

8 – 12 May 2023, in one of the participating countries

APPLICATION FORM (To be filled in

electronically)

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

nominates _____
(name of applicant)

to ITP320/6 2022 “Developing Strategies for National Chemicals Management” 12 – 16 September 2022, digital introduction to the programme, 10 – 28 October 2022, in Stockholm, Sweden, 8 – 12 May 2023, in one of the participating countries

Reasons for nomination _____
(required)

The Nomination including change project proposal is approved

Name _____

Position _____

Date _____ Signature _____

The signed application should be scanned and uploaded at **training.sida.se/itp** as part of the application process no later than **19 June 2022**.

Please note that handwritten applications and incomplete applications will not be considered.

PHOTO

(Please attach with staple before scanning)

CONTACT INFORMATION AND PERSONAL DETAILS

1. Name (exactly as it appears in the passport)				
2. Organisation (name and postal address)		3. Telephone numbers (incl. country code/area code) Office phone(s): Mobile:		
4. Home address		5. E-mail addresses (required) 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:		Email		

9. Education (start with most recent and list backwards)			
Name of institution and place of study	Major fields of study	Years of study from – to	Degree
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 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) and e-mailaddress	
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) and e-mailadress	
Name and address of employer	

QUESTIONNAIRE

Please describe how reaching the goal(s) of your organisation will benefit from the programme.
Please state briefly your reason for applying to the programme.

CHANGE PROJECT

Title _____
Please note that the change project shall be presented as part of the application process in Sida online application system at training.sida.se/itp

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"/> Higher academic education (min 6 months) where English was the working language (please enclose copy of certificate)

ENGLISH LANGUAGE CERTIFICATE

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 speed <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 understanding <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 preventing me from participating in training away from home.
<input type="checkbox"/> I am in good health with 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 in administering the Programme. Your personal data will also be available to Sida for internal use and for alumni purposes, and 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 our website www.sida.se or ask the programme organizer for support.

Signature of Applicant

I certify that my statements in answer to the questions above are 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 responding the notification.**