

ITP311 Applied Land Governance (ITPLZ Liberia Zimbabwe)
November 2023 – November 2024
Including appr. 3 weeks in Sweden
and appr. 1 week in a selected African country.

APPLICATION FORM (Digital applications only)

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

nominates _____
(name of applicant)

to the programme ITP311 Applied Land Governance (ITPLZ) November 2023 – November 2024.

Reasons for nomination _____

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 (insert signature) _____

A signed and scanned copy of the application should be submitted
by e-mail to the programme organiser at internationalervices@lm.se
at the latest on **September 1, 2023**.

Applications received after this date will not be considered.

Insert
PHOTO

PERSONAL DETAILS

| | | |
|---|---------------------------|------------------------|
| First name(s) (<u>underline name by which addressed</u>): | Second name: | Family name (surname): |
| Home address: | Tel. mobile: | |
| | Tel. office: | |
| | Tel. home: | |
| | E-mail, primary: | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | E-mail, secondary: | |
| Nationality: | Date of birth (yyyymmdd): | |
| <i>Please provide contact information below for a person to be notified in case of emergency.</i> | | |
| Name: | Tel. mobile: | |
| Relation to applicant: | E-mail: | |

EDUCATION

| Name of institution and place of study | Major fields of study | Years of study from – to | Degrees |
|--|-----------------------|--------------------------|---------|
| | | | |
| | | | |
| | | | |

List membership of professional societies or other activities in civil, public or international affairs:

Previous residence in foreign country in relation to applicant's professional or study interest:

Have you participated in any training programme in Sweden before?
 yes no Name of programme, year:

EMPLOYMENT RECORD: present position

| | | | |
|---|-------------------------|---|---|
| Name of organisation (including department/unit): | | Description of your work, including your personal responsibilities: | |
| Address of your office location: | | | |
| Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____ | | | |
| Title of your position: | Years of service yy-yy: | | |
| Supervisor's name: | | | |
| Supervisor's tel: | Supervisor's e-mail: | Number of employees in your organisation: | Number of employees supervised directly by you: |

EMPLOYMENT RECORD: previous position

| | | | |
|---|-------------------------|---|---|
| Name of organisation (including department/unit): | | Description of your work, including your personal responsibilities: | |
| Address of organisation: | | | |
| Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____ | | | |
| Title of your position: | Years of service yy-yy: | | |
| Supervisor's name: | | | |
| Supervisor's tel: | Supervisor's e-mail: | Number of employees in the organisation: | Number of employees supervised directly by you: |

Please state briefly the reason for applying to this program, your main field of interest within the program and how you and your organisation hope to benefit from the program. (Continue on supplementary page if necessary but no more than one page).

CHANGE PROJECT

The change project will strengthen knowledge, capacity and awareness among the participants to influence and inspire their home organisations, initiating improvements in line with the adopted national plans and policies for the Land Sector.

One change project will be selected for each involved country.

You will find further information on the homepage for ITP: <https://www.sida.se/en/for-partners/international-training-programmes/>

I'm aware of and understand the intention and objectives of the selected change project in my country. If selected to participate in this ITP, I hereby agree to do my best contributing to its fulfilment.

LANGUAGE REQUIREMENT

Please select the conditions which are applicable, if any.

- English is my native language.
- English is my working language (please enclose statement from management).
- I carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate).

ENGLISH LANGUAGE CERTIFICATE

Not required if any of the conditions above is met.

| | |
|--|---|
| 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 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.

APPLICANT'S SIGNATURE

I certify that my statement in answer to the questions above 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 _____ Applicant's signature _____

If you are selected, you will be notified by e-mail. Please confirm your acceptance to attend by e-mail.