



Media Development in a Democratic Framework (295)
AFRICA 2021
Phase 3 in the region: February, 2022
Phase 5 in Sweden: September, 2022

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note ☐

APPLICATION FORM (If writing by hand, please use block letters.)

The _____ (name of nominating organisation/institution/company)	country _____
nominates _____ (name of applicant)	
to the programme Media Development in a Democratic Framework (295), September 2021 – September 2022.	
Reasons for nomination (obligatory) _____	

Date _____	
Signature of nominating organisation/institution/company _____	
Name in block letters _____	
Position _____	

A soft copy of the application should be submitted by e-mail to the programme organiser at itp295@niras.se no later than **1 August, 2021**.

If a scanned copy is not possible, the original application shall be submitted to the nearest Swedish embassy/consulate no later than **1 August, 2021**.

The embassy/consulate will then forward the hard copy to the organiser.

Candidates will be notified of the results of the selection no later than September, 2021.

ITP Secretariat
NIRAS
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SE-107 24 Stockholm, SWEDEN
Phone: +46 (0)8 545 533 00
Fax: +46 (0)8 545 533 33
E-mail: itp295@niras.se
www.niras.com/nic

PHOTO

(Please attach with staple,
do not glue.)

PERSONAL DETAILS

First name (underline name by which formally addressed):	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 (yymmdd):	
Please provide contact information below for a person to be notified in case of emergency.		
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 Sida international training programme (ITP) 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 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:		
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:		
Supervisor's name:			
Supervisor's tel:	Supervisor's e-mail:	Number of employees in your organisation:	Number of employees supervised directly by you:

RELEVANCE FOR YOUR ORGANISATION

Describe how this programme would be relevant for you and your organisation by answering the following questions on 1-2 supplementary pages.

A What main benefits would you and your organisation hope to gain from the long term engagement and participation in the programme?

B Please briefly outline in what way your participation can contribute to development of regulation of media on national level.

SOURCE OF INFORMATION

From where did you get the information about this training programme?

☐ Swedish Embassy

☐ From my organisation/supervisor

☐ Directly from the programme organisers

☐ Website

☐ Other If so, where? _____

LANGUAGE REQUIREMENT

Please check any and all of the following conditions that are applicable:

☐ 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 _____