



Programme in Integrated Sustainable  
Coastal Development (286A)  
May 20 – June 7, 2013 in Sweden  
September 30 – October 11, 2013 in Tanzania

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign \_\_\_\_\_ Date \_\_\_\_\_

Comment, see attached note

APPLICATION FORM (Typewriting or block letters)

The \_\_\_\_\_ Country \_\_\_\_\_  
(name of nominating organisation/institution/company)

nominates \_\_\_\_\_  
(name of applicant)

**To the programme in Integrated Sustainable Coastal Development (286A)  
May 20 – June 7, 2013 in Sweden and September 30 – October 11, 2013 in Tanzania**

Reasons for nomination \_\_\_\_\_  
(obligatory)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and signature of nominating  
organisation/institution/company \_\_\_\_\_

If I am not selected to participate in ISCD A, I would like my application to also be valid for ISCD B,  
running August 19 – September 6, 2013 in Sweden and December 2 – 13, 2013 in Tanzania.

(When necessary/applicable)

The Nomination is approved by (name of authorising authority) \_\_\_\_\_ in accordance with local rules.

Date \_\_\_\_\_ Signature of authorising authority \_\_\_\_\_

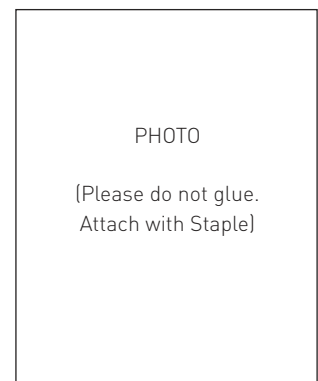
The Application should be submitted to the appropriate Swedish Embassy/  
Consulate at the latest on **October 19, 2012**.  
The Embassy/Consulate will forward it to the programme secretariat.

If no appropriate Swedish Embassy/Consulate in the country,  
please submit the application directly to the secretariat at the  
latest on **October 19, 2012**.

**NIRAS Natura AB**

ITP Secretariat  
P.O. Box 70375  
SE-107 24 Stockholm  
SWEDEN

Phone: +46 8 545 533 00  
Fax: +46 8 545 533 33  
itp@niras.se  
www.niras.com



Applications received after **October 19, 2012** will not be considered.

# PERSONAL HISTORY

1 First name (underline name by which formally addressed)		Second name		Family name (surname)	
2 Office – Postal address			3 Telephone numbers (incl. country code/area code) Office phone(s): Mobile: Fax:		
4 Office – Visiting address			5 E-mail addresses (obligatory) Primary address: Alternative address:		
6 Nationality		Date of birth	Day	Month	Year
7 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					
8 Person to be notified in case of emergency  Name: _____ Relation to applicant: _____  Telephone (incl. country/area code): _____ 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 Previous residence in foreign country in relation to applicant's professional or study interest			
Have you participated in any Sida training programme in Sweden before? <input type="checkbox"/> yes <input type="checkbox"/> no    Name of programme, year _____			

## EMPLOYMENT RECORD

In order to make your application complete, please give details of your duties and responsibilities for your present and previous positions.

### A. PRESENT POSITION

Name and address of employing organisation	Description of your work
Title of your post	
Years of service: (from – to)	
Type of organisation	
Name of supervisor (if any)	

B. PREVIOUS POSITION (If more than one significant position, please add on a supplementary page)

Name and address of employing organisation (including country of work)	Description of your work
Title of your post	
Years of service: (from – to)	
Type of organisation	
Name of supervisor (if any)	

QUESTIONNAIRE

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 (preferably using a separate sheet of paper, but no more than one page).

Please describe how the present work of your organisation relates to ISCD and how you hope the organisation will benefit from the programme (preferably using a separate sheet of paper, but no more than one page).

Please describe your position/role in the organisation on a separate sheet of paper. Include organisation chart, total number of employees and number of employees under your direct or indirect supervision.

From where did you get information about this training programme?

Swedish Embassy

Former participant  If so, whom? \_\_\_\_\_

Website

Other  If so, where? \_\_\_\_\_

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)

# CERTIFICATE OF THE ENGLISH LANGUAGE

Not required if any of the conditions at the bottom of page 3 apply

Name of candidate _____	
<b>ABILITY TO UNDERSTAND</b> <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	<b>ABILITY TO SPEAK</b> <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
<b>ABILITY TO WRITE</b> <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	<b>READING ABILITY AND COMPREHENSION</b> <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 Swedish Personal Data Act:**  
Upon confirmation that your application have 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. 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](mailto: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 e-mail. **Please confirm your acceptance to attend by e-mail.**