



Advanced International Training Programme 282
UN Resolution 1325: Women, Peace and Security
Stockholm, Sweden 13 April – 1 May 2015
Regional Follow-Up, 16 – 27 November 2015.

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 UN Resolution 1325: Women, Peace and Security, Stockholm, Sweden, 13 April – 1 May 2015	
Regional Follow-Up, 16 – 27 November 2015.	
Reasons for nomination _____	
(obligatory)	
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 _____
E-mail of authorising authority: _____	

<p>The Application should be submitted directly to the programme organizer at the latest on December 1, 2014.</p> <p>Applications are accepted from the following countries: Georgia, DRC, Liberia, South Sudan and Colombia.</p> <p>Indevelop Att: Barbara Voors Karlbergsvägen 77 SE- 133 35 Stockholm Telephone: + 46 (0)8 588 318 00 Telefax: + 46 (0)8 678 72 17 E-mail: global1325@indevelop.se Website: www.indevelop.se</p>		<div style="border: 1px solid black; padding: 20px; text-align: center;"><p>PHOTO</p><p>(Please do not glue. Attach with Staple)</p></div>
Applications received after December 1, 2014 will not be considered.		

PERSONAL HISTORY

1. First name (underline name by which formally addressed)		Second name		Family name (surname)			
2. Office address				3. Telephone (to office). (country code/area code)			
				Fax no.			
				E-mail (obligatory)			
4. Home address				5. Telephone (home) (country code/area code)			
				Mobile phone:			
				E-mail (home):			
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:				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. List membership of professional societies or other activities in civil, public or international affairs			
11. List any relevant publication you have written (do not attach)			
12. 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)	
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, your role within your organisation and the proposed project, and how your organization will develop through your participation in the programme.

PROJECT ASSIGNMENT

Please describe your project assignment, according to the concept note, on no more than three supplementary pages.

☐ Enclosed description 2–3 pages

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)

MEDICAL STATEMENT

☐ 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 Swedish Personal Data Act:

Upon confirmation that your application have been accepted, the personal information that your 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.

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 fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**