

Prevent and respond to Gender Based Violence
 – strengthening agents of change (315)
 May 28 – June 15, 2018, in Stockholm, Sweden and
 November 12 – 23, 2018, location to be announced

FOR OFFICIAL USE OF THE PROGRAMME SECRETARIAT

Received application by administration:

Sign _____ Date _____

Comment, see attached note

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

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

nominates _____
 (name of applicant)

**to the programme Prevent and respond to Gender Based Violence – strengthening agents of change (315)
 May 28 – June 15, 2018, in Stockholm, Sweden and November 12 – 23, 2018, location to be announced.**

Reason for nomination (obligatory)

We are aware that if this person will be selected for this training our organisation will release the person for all parts of the programme and also support him/her when working with the project.

Date _____ Signature of nominating organisation/institution/company _____

Name of nominating manager _____ Telephone number _____

E-mail address _____

If the immediate superior of the applicant is another person than above please state here:

Name of the applicants superior _____

E-mail _____ Telephone _____

The Application should be submitted directly to Programme secretariat at the latest on **February 28, 2018**. Applications received after this date will not be considered.

The application should be sent to the following email: **ps0-idc@polisen.se** with the following registration number: A560.965/2017.

PHOTO

(Please attach with staple, do not glue.)

Contact:
 The Swedish Police Authority
 Box 12256, 102 26 Stockholm

Programme Secretariat Contact person: Programme Manager Marie Fredriksson Phone: +46 708 41 40 94	The Kvinna till Kvinna Foundation Contact person: Programme Manager Anna Sundén Phone: + 46 (0) 8 588 891 65
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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 <input type="checkbox"/> Other	E-mail, secondary:	
Nationality:	Date of birth (yymmdd):	
<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 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: _____		Description of the way the organisation works with Gender Based Violence:	
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:

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

Please fill in the attached concept note according to the guideline.

Enclosed description 1–2 pages (obligatory)

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.

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 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. The data will not be used for other purposes.

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.