

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)

**Environmental Governance and Management with EU-focus June 11 – 15, 2012 Brussels, Belgium  
September 10 – 27, 2012, Stockholm, Sweden, March 2013, Regional Phase, location to be decided**

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 \_\_\_\_\_

The Application should be submitted to the appropriate Swedish Embassy/Consulate at the latest on **March 14, 2012**.

The Embassy/Consulate will forward it to the programme secretariat.

If no appropriate Swedish Embassy/Consulate in the country, please submit application form directly to secretariat at the latest on **March 14, 2012**.

PHOTO

(Please do not glue.  
Attach with Staple)

Swedish Environmental Protection Agency  
Valhallavägen 195, Stockholm  
SE-106 48 Stockholm, Sweden  
Telephone: +46 10 698 10 00  
Fax: +46 10 698 15 04  
www.naturvardsverket.se

Applications received after this date 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	

## CASE STUDY / CHANGE PROJECT

Please describe your Case Study / Change project, using the format below. Should you need more space, include maximum two supplementary pages using the same headings.
Name of the project:
Project objective: (Objectives should be: Specific, Measurable, Accurate, Realistic and Timebound)
Project leader, Organisation:
Background to the project: Some examples of information that can be presented are: The context of the project (e.g. regarding the economic, legal and political situation in the recipient country,) Who initiated the project and why,
Description of the problem to be solved: Some questions that could be asked are: What is the main problem that shall be solved through the project? Why is there a problem? What are the causes of the problem? Why is it important to solve the problem? What effects does the problem have? Are there any background studies which have analysed the problem area?

## LANGUAGE REQUIREMENT

English certification does not have to be carried out if any of the following is applicable:
<input type="checkbox"/> English is my mother tongue or official language of the country.
<input type="checkbox"/> English is my working language (please enclose statement from management)
<input type="checkbox"/> 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 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. 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

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.**