



291EUa Advanced International Training Programme in
Private Sector Growth Strategies
Start-up Seminar: September, 2014
Training in Sweden: 10-28 November, 2014
Follow-up Seminar: June, 2015
Closing Seminar: September 2015

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note

APPLICATION FORM

(Please fill in the form by computer. An electronic version of the application form can be downloaded from www.privatesectordevelopment.se)
The application must be approved by the highest authority within the applicant's organisation. This includes a signed statement, describing the intentions and importance of the Organisational Action Plan, thereby confirming the organisation's commitment.

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

nominates _____
(name of applicant)

For the Programme in Private Sector Growth Strategies, (291EUa)

Organisation's reasons for nominating the above person with regards to the organisation's work on Private Sector Development in the country:
(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 directly to the programme secretariat, at the address given below no later than **4 April, 2014.**

PHOTO

(Please do not glue.
Attach with Staple)

Programme Secretariat
ITP-Private Sector Development
c/o SIPU International AB
Box 45113
104 30 Stockholm, Sweden
Telephone: +46 8 698 06 00
e-mail: psd@sipuweb.se

Applications from participants in Georgia can also be submitted to the embassy/consulate of Sweden no later than 4 April, 2014.

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 (private): E-mail (private):		
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	Degree/Qualification
10. List memberships of professional societies or other activities in civil, public or international affairs			
11. List any relevant publications you have written (do not attach copies)			
12. Previous residence in foreign country in relation to your 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

Please give details of your duties and responsibilities for each of the positions you have held.

A. Present position

Name of organisation	Description of your work, including your personal responsibilities
Type and level of organisation	
Title of your post	
Years of service: from – to	
Name and e-mail of supervisor (obligatory)	

B. Previous position(s)

(if more than one previous position in the past 5 years, please provide the same information on a separate sheet of paper.)

Name of organisation	Description of your work, including your personal responsibilities
Type and level of organisation	
Title of your post	
Years of service: from – to	

MOTIVATION FOR APPLYING TO THIS PROGRAMME. (Please reply on a separate paper)

Please state how the work and progress with private sector development of your organisation will benefit from the PSGS programme.

Please state how you will benefit from the PSGS training programme as a professional.

Please state how your country will benefit from your participation in the training programme.

ORGANISATIONAL ACTION PLAN

Please attach a signed description (1-2 pages) of the suggested Organisational Action Plan, explaining its intentions and importance with regards to private sector growth in your country (approved by the highest authority within the your organisation).

Enclosed description 1-2 pages*

Given that the overall objective of the PSGS programme is to contribute to the development of a vibrant and sustainable private sector, to strengthen the collaboration between the public and private sectors and for better functioning markets and improved integration in world trade, please include 3 specific objectives or results that you wish to achieve in your organisation, that in turn will lead to the given PSGS objective.

Enclosed description 1-2 pages*

* Feel free to combine the descriptions above, if applicable.

Please explain how you found out about the PSGS-programme:

LANGUAGE REQUIREMENT

English certification does not have to be carried out if any of the following applies:

English is my mother tongue or official language of my country.

English is my working language (please enclose statement from management).

Carried out higher academic education (min 6 months) where English was the language 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 _____	
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 understood <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 frequently requires help of 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 when administering the Programme. Your personal data will also be available to Sida for internal use. The data will not be used for any other purposes. If you want a record of filed personal information you must send a written request to sida@sida.se

Signature of Applicant:

I certify that my answers to all questions above are 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 shortlisted, you will be notified by e-mail by: June, 2014.

If you are NOT shortlisted, you will be notified by e-mail by: June, 2014.