



291EUb Advanced International Training Programme in  
Strategic Business Management (SBM)  
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](http://www.privatesectordevelopment.se)]

Name of applicant \_\_\_\_\_

Name of applicant's business \_\_\_\_\_

Country \_\_\_\_\_

### For the Programme in Strategic Business Management (291EUb)

Obligatory – Please describe the reason for applying to this programme and how you hope to benefit from the programme. Given that the overall business objective of the SBM Programme is to enhance sustainable growth and success of your business, please list below 3 specific objectives or results you wish to achieve in your business, that in turn will lead to the overall objective of the SBM programme. (Continue on a supplementary page if necessary).

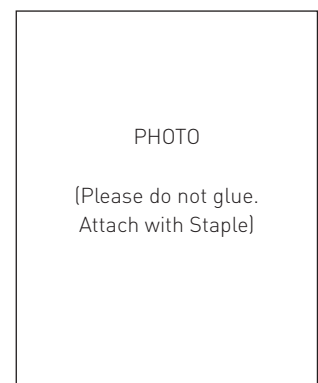
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and signature of CEO/authorised representative of your organisation/company \_\_\_\_\_

Please explain how you found out about the SBM-programme: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The application should be submitted directly to the programme secretariat, at the address given below no later than **4 April, 2014**.



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](mailto: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. Business address			3. Business telephone (country code/area code): Business website: Business 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 similar			
11. List any relevant publications you have published (do not attach copies)			
12. Previous residence in foreign countries and how it relates to your professional career or educational training			
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 occupied. If possible, provide a detailed CV separately.

### A. Present position

Name of organisation/company	Description of your work, including your personal responsibilities and achievements
Title/Position	
Years of service: from – to	
Name and e-mail of supervisor (if any)	

## B. Previous position

Name of organisation/company	Description of your work, including your personal responsibilities and achievements
Title/Position	
Years of service: from – to	
Name and e-mail of supervisor (if any)	

## YOUR BUSINESS

IMPORTANT – Please describe the business you represent:

1. Company background \_\_\_\_\_  
\_\_\_\_\_
2. Ownership \_\_\_\_\_
3. Line of activity \_\_\_\_\_
4. Product(s)/service(s) offered \_\_\_\_\_
5. Number of employees \_\_\_\_\_
6. Annual turnover (in USD) \_\_\_\_\_
7. Main challenges \_\_\_\_\_
8. Any other information you find relevant for your application \_\_\_\_\_

Continue on supplementary pages if needed. Please note that the information on your business is very important!

## STRATEGIC BUSINESS PLAN AND COMMON ACTION PLAN FOR PRIVATE SECTOR DEVELOPMENT

Please attach a signed description (maximum one page) describing why and how you believe that your business would benefit from the Strategic Business Plan you are to develop during the SBM programme.

Enclosed description\*

Please attach a signed description (maximum one page) of why and how you believe that your country and your company could benefit from a common action plan for Private Sector Development in your country. Please also indicate how you specifically see yourself contribute to the development of this plan.

Enclosed description\*

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

## 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 _____	
<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 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
<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 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](mailto: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 in 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.