



Programme in Ecological Alternatives in Sanitation to be organised in Sweden, (15 August – 2 September 2005); South Africa (February 2006) and Mexico (March 2006)

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note

APPLICATION FORM (Typewriting or block letters)

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

nominates _____
(name of applicant)

To the programme in Ecological Alternatives in Sanitation to be organised in Sweden, (15 August – 2 September 2005) South Africa (February 2006) and Mexico (March 2006)

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 **April 1, 2005.**

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 **April 1, 2005.**

SEI
Box 2142,
103 14 Stockholm,
SWEDEN
Fax +46 8 723 0348
www.sei.se and www.ecosanres.org



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					
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 POST

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 POST

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 and how you hope to benefit from the programme. (Continue on supplementary page if necessary but no more than one page.)

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 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 _____	
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
Language test administered by: _____ Title: _____ Address and Telephone: _____ Date and signature: _____	

MEDICAL REPORT

Name of candidate _____	
Is the person examined at present in good health and enjoying full intensive working capacity?	Is the person examined physically and mentally able to carry out training away from his/her home?
Does the person examined have any infectious diseases (for example tuberculosis or trachoma) which could present risks for either the candidate or persons with whom he/she will come into contact?	Does the person examined have any conditions which might require treatment during the programme?
Place _____ Examining physician _____	Stamp by physician (compulsory)
Date and signature _____	
Address and telephone (printed) _____	

Signature of Applicant _____

I certify that my statement in answer to the foregoing questions 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 selected, you will be notified by fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**