



Sustainable Urban Water and Sanitation  
 – Integrated Processes (301)  
 In Sweden: November 14 – December 2, 2016  
 In Uganda: April 24 – May 5, 2017

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

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 in Sustainable Urban Water and Sanitation – Integrated Processes (301), August 2016 – October 2017.**

Reasons for nomination (obligatory) \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature of nominating organisation/institution/company \_\_\_\_\_

Name in block letters \_\_\_\_\_

Position \_\_\_\_\_

A soft copy of the application should be submitted by e-mail to the programme organiser at [itp@niras.se](mailto:itp@niras.se) no later than **June 10, 2016**.

If a scanned copy is not possible, the original application shall be submitted to the nearest Swedish embassy/consulate no later than **June 10, 2016**.

The embassy/consulate will then forward the hard copy to the organiser.

Candidates will be notified of the results of the selection in August 2016.

ITP Programme Secretariat  
 NIRAS  
 PO Box 70375  
 SE-107 24 Stockholm, SWEDEN  
 Phone: +46 (0)8 545 533 00  
 Fax: +46 (0)8 545 533 33  
 e-mail: [itp@niras.se](mailto:itp@niras.se)  
[www.niras.com](http://www.niras.com)

PHOTO

(Please attach with staple,  
do not glue.)

## PERSONAL DETAILS

First name (underline name by which formally addressed):	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	E-mail, secondary:	
Nationality:	Date of birth (yymmdd):	
<b>Please provide contact information below for a person to be notified in case of emergency.</b>		
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 Sida international training programme (ITP) 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: _____			
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:

## RELEVANCE FOR YOUR ORGANISATION

Describe how this programme would be relevant for you and your organisation by answering the following questions on 1-2 supplementary pages.

A Is your organisation interested in (or already selected for) a long-term engagement as a collaborative organisations in the programme? If so, what main benefits would you hope to gain from such an engagement?

B Please outline any critical challenges facing your organisation.

C Please outline key ongoing processes for improving WASH in your area of operation.

D One of the programme's goals is to improve the cooperation between organisations within the same area of operation. Which organisations would you like cooperate more with and how would your organisation and the WASH sector benefit from such a cooperation?

## SOURCE OF INFORMATION

From where did you get the information about this training programme?

Swedish Embassy

From my organisation/supervisor

Directly from the programme organisers

Website

Other If so, where? \_\_\_\_\_

## LANGUAGE REQUIREMENT

Please check any and all of the following conditions that are applicable:

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).

Name of candidate _____	
<p><b>ABILITY TO UNDERSTAND</b></p> <input type="checkbox"/> Understands without difficulty when addressed at normal rate.	<p><b>ABILITY TO SPEAK</b></p> <input type="checkbox"/> Speaks fluently and accurately and is easily intelligible.
<input type="checkbox"/> Understands almost everything, if addressed slowly and carefully.	<input type="checkbox"/> Speaks intelligibly, but is not fluent or altogether accurate.
<input type="checkbox"/> Requires frequent repetition and/or translation of words and phrases.	<input type="checkbox"/> Speaks haltingly, and is often at a loss for words and phrases.
<p><b>ABILITY TO WRITE</b></p> <input type="checkbox"/> Writes with ease and accuracy.	<p><b>READING ABILITY AND COMPREHENSION</b></p> <input type="checkbox"/> Reads fluently, with full comprehension.
<input type="checkbox"/> Writes slowly and with only a moderate degree of accuracy.	<input type="checkbox"/> Reads slowly, but understands almost everything.
<input type="checkbox"/> Writes with difficulty and makes frequent mistakes.	<input type="checkbox"/> Reads with difficulty, and only with frequent recourse to a dictionary.
<p>Language test administered by: _____</p> <p>Title: _____</p> <p>Address and Telephone: _____</p> <p>Date and signature: _____</p>	

**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.
<p>Comment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**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 \_\_\_\_\_