



Programme in Strategic Environmental Assessment (285SEA)  
March 4–22, 2013 in Sweden  
September 16–26, 2013 in one of the participating countries

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

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)

**To the Programme in Strategic Environmental Assessment (285SEA)  
March 4–22, 2013 in Sweden, September 16–26, 2013 in one of the participating countries**

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 **August 31, 2012.**  
The Embassy/Consulate will forward it to the programme secretariat.

If no appropriate Swedish Embassy/Consulate in the country,  
please submit the application directly to the ITP Secretariat at the  
latest on **August 31, 2012.**

**NIRAS**  
ITP Secretariat  
P.O. Box 70375  
SE-107 24 Stockholm  
SWEDEN

Phone +46 8 545 533 00  
Fax +46 8 545 533 33  
itp@niras.se  
www.niras.com

PHOTO

(Please do not glue.  
Attach with Staple)

Applications received after **August 31, 2012** will not be considered.

## PERSONAL HISTORY

1 First name (underline name by which formally addressed)		Second name		Family name (surname)	
2 Office – Postal address			3 Telephone numbers (incl. country code/area code) Office phone(s): Mobile: Fax:		
4 Office – Visiting address			5 E-mail addresses (obligatory)  Primary address: Alternative address:		
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 (incl. country/area code): _____ 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 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 to make your application complete, please give details of your duties and responsibilities for your present and previous positions.

### A. PRESENT POSITION

Name and address of employing organisation (including country of work)	Description of your work, including your personal responsibilities
Title of your post	
Years of service: (from – to)	
Type of organisation	
Name of supervisor (if any)	

## B. PREVIOUS POSITION

Name and address of employing organisation (including country of work)	Description of your work, including your personal responsibilities
Title of your post	
Years of service: (from – to)	
Type of organisation	
Name of supervisor (if any)	

## QUESTIONNAIRE

Please state briefly the reason for applying to this programme, your main field of interest within the programme and how you hope that your organization will benefit from the programme. (Continue on supplementary page if too long for the box, but no more than one page).	
Please specify SEA processes that your organisation is involved in and your own role and responsibilities with regard to these. (Continue on supplementary page if too long for the box, but no more than one page)	
Position of applicant within his/her organization (preferably shown in an organization chart, use a separate sheet of paper).	
Total number of employees of applicant's organization:	Number of employees directly supervised by the applicant:
From where did you get information about this training programme? Swedish Embassy <input type="checkbox"/> Former participant <input type="checkbox"/> If so, whom? _____ Website <input type="checkbox"/> Other <input type="checkbox"/> If so, where? _____	

## 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)
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# 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 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. 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](mailto: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 e-mail. **Please confirm your acceptance to attend by e-mail.**