

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 Gender statistics in Sweden May 14 – June 1, 2018 and in one of the participating countries (to be decided) October 22 – 26, 2018.**

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 \_\_\_\_\_

A soft copy of the application should be submitted by e-mail to the programme organiser at [itp@scb.se](mailto:itp@scb.se) no later than **December 1, 2017**.

A hard copy of the application should be submitted to the appropriate Swedish embassy/consulate no later than **December 1, 2017**.

The embassy/consulate will forward the hard copy to the organiser. If there is no Swedish embassy/consulate in the applicant's country, the hard copy should be submitted directly to the organiser at the postal address below.

Candidates will be notified of the results of the selection in February 9, 2018.

PHOTO

(Please attach with staple,  
do not glue.)

Contact  
Nina Voxmark  
Program Secretariat  
Statistics Sweden  
International Cooperation Office  
P.O. Box 24300  
SE-104 51 Stockholm, Sweden  
Phone+46 (0) 10 479 48 18  
[itp@scb.se](mailto:itp@scb.se)

## PERSONAL DETAILS

First name(s) ( <u>underline name by which addressed</u> ):	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 training programme 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"/> University or research institution <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:	

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:		

PROJECT ASSIGNMENT

Please describe your proposed change project on a concept note (no more than one page). Note that the training does not contain data collection. The concept note should contain the following:

- The purpose, aim and the intended results of the change project
- The type of change in the in the organization that the project will contribute to
- A description how the project can contribute to enhance gender statistics on a national level

Enclosed description 1 page

Please describe how the present work of your organisation relates to gender equality and how you and your organisation will benefit from the programme.

Enclosed description 1 page

Please describe your position/role in the organisation on a separate sheet of paper. Include organisation chart, total number of employees and number of employees under your direct or indirect supervision. Mark your position in the organisation chart.

## LANGUAGE REQUIREMENT

Please select the conditions which are applicable, if any.

- 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).

## ENGLISH LANGUAGE CERTIFICATE

Not required if any of the conditions above is met.

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 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 \_\_\_\_\_