



Prevent and respond to Gender Based Violence
– strengthening agents of change (315)
March 18–April 5, 2019, in Stockholm, Sweden and
October 14–25, 2019, location to be announced

FOR OFFICIAL USE OF THE PROGRAMME SECRETARIAT

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 Prevent and respond to Gender Based Violence – strengthening agents of change (315)
March 18–April 5, 2019, in Stockholm, Sweden and October 14–25, 2019, location to be announced.**

Reason for nomination (obligatory)

We are aware that if this person will be selected for this training our organisation will release the person for all parts of the programme and also support him/her when working with the project.

Date _____ Signature of nominating organisation/institution/company _____

Name of nominating manager _____ Telephone number _____

E-mail address _____

If the immediate superior of the applicant is another person than above please state here:

Name of the applicants superior _____

E-mail _____ Telephone _____

The Application should be submitted directly to Programme secretariat at the latest on **November 9, 2018**. Applications received after this date will not be considered.

The application should be sent to the following email: **ps0-idc@polisen.se** with the following registration number: A464.927/2018.

PHOTO
(Please attach with staple, do not glue.)

Contact:
The Swedish Police Authority
Box 12256, 102 26 Stockholm

Programme Secretariat
Contact person:
Programme Manager
Marie Fredriksson
Phone: +46 708 41 40 94

The Kvinna till Kvinna Foundation
Contact person:
Programme Manager
Anna Sundén
Phone: + 46 (0) 8 588 891 65

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 <input type="checkbox"/> Other	E-mail, secondary:	
Nationality:	Date of birth (yymmdd):	
<i>Please provide contact information below for a person to be notified in case of emergency.</i>		
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"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____		Description of the way the organisation works with Gender Based Violence:	
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:

Please state briefly the reason for applying to this program, your main field of interest within the program and how you and your organisation hope to benefit from the program. (Continue on supplementary page if necessary but no more than one page).

CHANGE PROJECT We ask you to briefly describe the project you plan to carry out by answering the questions below.

CHALLENGE – What is the main challenge or problem your project aims to overcome?

CHANGE – What is the change you wish to achieve with your project?

COOPERATION – Which other actors will you need to cooperate with within this project and how?

COMMITMENT

a) Is your proposed project part of your organisation's ongoing work or is it a new initiative?

b) What support will you receive from your organisation/manager to implement the proposed project?

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).
- I understand, speak, write and read English at an intermediate level.

MEDICAL STATEMENT

- 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.
- I do not have any medical conditions which prevent me from carrying out training away from home.
- I am in good health and enjoying full working capacity.

Comment: _____

Information to all applicants according to the General Data Protection Regulation (GDPR)

Once confirmation has been given 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 and for alumni purposes, and may also be disclosed to the public in accordance with the principle of public access to information in Sweden. You are entitled to access your personal data and can always request your personal data to be corrected, erased or restricted. For more information about GDPR, please visit our website www.sida.se or ask the programme organizer for support.

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 _____

If you are selected, you will be notified by e-mail. Please confirm your acceptance to attend by e-mail.