

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 LGBT and Human Rights (268)**Part 1 in Stockholm, Sweden, October 18 – November 5, 2010, Part 2 in one of the participants countries, May 30 – June 3, 2011**

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 9, 2010**.

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 9, 2010**.

RFSU
Anna Nordqvist
P.O.Box 4331
S-10267 Stockholm
Sweden

Visiting address
Medborgarplatsen 3, S-11826 Stockholm Sweden

Telephone: +46 8 692 07 75
Telefax: +46 8 653 08 23
E-mail: anna.nordqvist@rfsu.se
Website: www.rfsu.org

PHOTO

(Please do not glue.
Attach with Staple)

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 <input type="checkbox"/> Other | | | | | |
| 8. Name and address of person to be notified in case of emergency (incl. country code/area code) | | | | | |
| 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 position

| | |
|--------------------------------|--|
| 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 position

| | |
|--------------------------------|--|
| 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).

PROJECT FOR CHANGE

Please describe your Project for Change, including title, on no more than two supplementary pages. To describe your Project for Change, please use the template available at www.rfsu.se/lgbthr-project

Enclosed description 1–2 pages

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 (min 6 months) 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 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 your 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

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 fax or e-mail. **Please confirm your acceptance to attend by fax or e-mail.**