



APPLICATION FORM (Please fill-in and submit electronically)

The: (name of nominating institution)
Nominates: (name of applicant)
to the Regional Training Program on the Equal Status and Human Rights of Women in East Africa from May 3rd – 14th, 2010
Reasons for nomination (continue on supplementary page if necessary, but not more than 100 words):
Date:
This nomination is approved by: Head of Institution (name) and Official organization stamp
Address: Email: Telephone:
<i>Kindly note that applications with no official signature or stamp will not be accepted.</i> To the head of the nominating institution: <i>Please note that by authorising this application you agree to provide the nominee with the necessary time needed for participation in the training programme, including the implementation of their action plans upon return to your institution of the nominee's individual exercise that comprises an integral part of the Training Program.</i>
The closing date for applications is Monday 12th April 2010. Applications received after this date will not be considered. Please ensure all questions are answered. Please submit the application by e-mail to: eahuwo@africayouthtrust.org

PERSONAL DETAILS

1. Family name (surname)	First name	Other names	
2. Office address			
3. Telephone (office) Please state country and area codes	4. Fax	5. Email <i>Kindly put the email address that you are most accessible through</i>	
6. Home address			
7. City and country of birth		Day	Month
Date of birth			
8. Nationality		9. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
10. Name, address and telephone number of person to be notified in case of an emergency.			
11. Previous international conferences or training programmes attended			
Country	Dates (from – to)	Purpose	Length of stay
12. Education (start with most recent attended institution)			
Name of institution	Dates (from – to)	Major fields of study	Degrees/Certifications/Qualifications attained
13. List any other relevant positions held (voluntary positions, membership in professional societies, etc.)			

14. List any relevant publications (**do not attach**)

15. Where did you learn about the EAHUWO Training?

- Through a newspaper advert (kindly share which newspaper)
- the RWI website
- list serves (kindly state which list server)
- Others (please specify) _____

PERSONAL STATEMENT

Please state briefly the following:

- a) Reason for applying to this programme,
- b) Your main area of interest within the programme
- c) Your role related to the strategic objectives of your organisation and
- d) How you expect to benefit from the programme. (*Continue on supplementary page if necessary but no more than 750 words*).

EMPLOYMENT HISTORY

A. Present Post			
Name and address of Organisation		Name and contacts of your supervisor	
Title of your post			
Years of service:			
Type of organisation (Government Agency, NGO, Youth etc)			
Description of your work, including personal responsibilities (no more than 500 words)		Briefly description and scope of organization engagement in not more than 500 words)	
B. Previous Posts			
Name of organisation	Title of post	Responsibilities (list two)	Years of service

CERTIFICATION FOR THE ENGLISH LANGUAGE

Name of candidate	
ABILITY TO UNDERSTAND <input type="checkbox"/> Understands without difficulty when addressed at a 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:	

PERSONAL MEDICAL STATEMENT

<input type="checkbox"/> I do not have any infectious diseases (for example tuberculosis or trachoma) or any other illness which could present risks to persons that I will come into contact with. <input type="checkbox"/> I do not have any medical conditions which would prevent me from carrying out training away from home. <input type="checkbox"/> I am in good health and enjoy full working capacity. <input type="checkbox"/> I will require special assistance during my participation in the training (please give details below).
Comments:
Disability requirements (please specify)
Dietary requirements (please specify)

If selected, I agree to have my name and photos published on the websites of AYT and RWI yes no

Signature of Applicant:

I hereby certify that my statements in answer to the foregoing questions are 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:

For further instructions or clarifications, please contact:

Africa Youth Trust

Attn: EAHUWO 2010

Email: eahuwo@africayouthtrust.org

Telephone: +254 20 2022269 or +254 713109985

Raoul Wallenberg Institute

Attn: EAHUWO 2010

Email: Geraldine.Bjallerstedt@rwi.lu.se

Telephone: +254 20 3673017

The Training Program on the Equal Status and Human Rights of Women in East Africa is sponsored by



The Swedish International Development Cooperation Agency