



Programme on Public Service Management (280a)  
 in Sweden, April 19 – May 14, 2010  
 and a regional part in Africa, Autumn 2010

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 on Public Service Management, in Sweden, April 19 – May 14, 2010 and a regional part in Africa, Autumn 2010**

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 **October 1, 2009**.  
 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 secretariat at the  
 latest on **October 1, 2009**.

PHOTO

(Please do not glue.  
 Attach with Staple)

**Professional Management**  
 Postal Adress: Illervägen 27  
 SE-187 35 Täby SWEDEN

Phone +46-8-792 38 28  
 Fax +46-8-768 19 29  
 E-mail: psm@professionalmanagement.se  
 Skype: itp-psm  
 Website: www.professionalmanagement.se/psm  
 Programme Coordinator: Ms Lina Lenefors

Applications received after **October 1, 2009** will not be considered.

# PERSONAL HISTORY

1 First name (underline name by which formally addressed)		Second name		Family name (surname)	
2 Office name & address (including country of work)			3 Telephone (to office) (country code/area code)		
			Fax no. E-mail (obligatory) Skype		
4 Home address			5 Telephone (home) (country code/area code)		
			Mobile phone E-mail (home) Skype		
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 (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 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

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

## B. PREVIOUS POSITION

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

## Questionnaire (Continue on supplementary page if necessary but no more than one page per question)

Position of applicant within his/her organization (preferably shown in an organisation chart, use a separate sheet of paper).
Please give a short presentation of how your present work relates to public service management.
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.

## CHANGE PROJECT

Please describe your Change project, including title, on no more than two supplementary pages
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## 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)

# 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.

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.**