

Watershed Management**APPLICATION FORM** (Typewriting or block letters)The _____
(Nominating authority)proposes _____
(Applicant)to the programme **Watershed Management**
organised in Sweden, August 5 – 30, 2002 + Assignment + Regional Course**My application is as:****Group-leader** **(Whole programme – part 1+2+3)****Group-member** **(Assignment and regional course – part 2+3)****Names of the other two candidates in the group are:**_____
_____**Please note that the above issues have to be filled in.**Remarks _____

Date _____ Signature of nominating authority _____

Funds for travelling to and from Sweden and/or to and from
the course country in the region will be received from _____This nomination is approved by _____
(Name of authorising authority)This nomination is approved by _____
in accordance with local rules (Name of approving authority)**THE APPLICATION SHOULD BE HANDED IN TO THE APPROPRIATE
SWEDISH EMBASSY AT THE LATEST ON APRIL 2, 2002.**

The Embassy will forward it to the secretariat:

Scandiaconsult Natura ABAttn: Susanne von Walter
P.O. Box 4205
SE-102 65 STOCKHOLM, SWEDENTelephone: +46 8 615 60 00
Telefax: +46 8 702 19 14
E-mail: natura@scc.se
Home page: www.natura.scc.se

PHOTO

(Please do not glue.
Attach with paperclip only)

PERSONAL HISTORY

Family name /surname	First name	Other names
Organisation/Company name and address	Home address	
Telephone (please include area code)	Home telephone	
Telefax	Home telefax	
E-mail	Home e-mail	
Nationality	Date of birth	Sex
	Day Month Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of person to be notified in case of emergency	Telephone	
	Telefax	
	E-mail	

Previous residence in foreign countries in relation to the applicants professional or study interests

Year	Country	Length of stay

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

List membership of professional societies and your activities in civil, public or international affairs	
List any relevant publications you have written (do not attach)	
Name and title of my closest Supervisor/Manager:	Full name and address of Company/Organisation (Supervisor/Manager):
Title: <input type="checkbox"/> Male <input type="checkbox"/> Female	City
Title of your post:	Telephone No. (Supervisor/Manager):
Years of service: From to	Telefax (Supervisor/Manager):
Type of organisation:	E-mail (Supervisor/Manager):

APPLICANTS BACKGROUND

Description of your current work, including your personal responsibility and the reason for applying to this programme

Please describe briefly below your previous training in Watershed Management (WSM), if any, as well as your practical experience.

QUESTIONNAIRE

Name of organisation in full.	Sector (in which the organisation is working).
Position of candidate (preferable shown in an organisation chart, use separate sheet of paper).	Total number of employees: Number of employees directly supervised by the candidate:
Which aspects of WSM are you most interested in?	

SIGNATURE OF CANDIDATE

Selection will take place in April, 2002. Candidates who are selected will be notified by e-mail, fax or phone not later than May 6, 2002.

I 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 will attend the entire programme (part 1+2+3 or part 2+3) and act as directed by the programme management.

I am aware that my application will not be considered unless all questions are completed and signed by the appropriate authorities.

Date _____ Signature of candidate _____

CERTIFICATE OF THE ENGLISH LANGUAGE

(Must be submitted by candidates whose native language is not English). (Not necessary for candidates who will only participate in the regional course in Latin America).

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 intelligible, 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"/> Translates with difficulty, and only with frequent recourse to a dictionary
REMARKS _____	
Language test administered by: _____ Title: _____ Address and Telephone: _____ Date and signature: _____	

MEDICAL REPORT (Compulsory for all candidates)

Name of candidate _____	
Is the person examined at present in good health and enjoying full work capacity?	Is the person examined physically and mentally able to carry on intensive training away from his/her home?
Does the person examined have any infectious diseases (for example tuberculosis and trachoma) which could present risks for either the candidate or persons with whom he/she will come into contact?	Does the person examined have any condition or defect which might require treatment during the course?
Place _____ Examining physician _____ Date and signature _____ Address and telephone _____ _____	