

APPLICATION FORM: Inclusive Green Economy in Practice Programme 2020

The _____
(Name of nominating organisation/institution)

in country _____

nominates _____
(Name of applicant)

to the training programme Inclusive Green Economy in Practice 2020.

Reason for nomination: _____

Date: _____

Signature of nominating organization/institution: _____

The application should be submitted by e-mail to the programme organizer at

emilie.cesar@gu.se. Last date to apply: October 15, 2020 (cob)

PERSONAL DETAILS

First name (mark name of which formally addressed): <input type="checkbox"/>	Second name: <input type="checkbox"/>	Family name (surname): <input type="checkbox"/>
Home adress:	Tel. mobile:	
	Tel. office:	
	Tel. home:	
	E-mail (primary):	
	E-mail (secondary):	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yy-mm-dd):	
Nationality:		
Please provide contact information below for person to notify in case of emergency:		
Name:	Tel. mobile:	
Relation to applicant:	E-mail:	

EDUCATION

Name of institution and place of study	Major field of study	Years of study (from - to)	Degree

EMPLOYMENT RECORD: Present position

Name of organization (including department/unit)		Description of your work, including your professional responsibilities:
Address of organization		
Type of organization: <input type="checkbox"/> Government agency <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify _____		
Title at your organization:	Years of service:	
Supervisor's name:		

Please specify Inclusive Green Economy processes that your organization is involved in and your own role and responsibilities in these (max 4000 characters with spacing).

Information to all applicants according to The General Data Protection Regulation (GDPR 2016/679) and Swedish Data Protection Act (SFS 2018:218):

Upon confirmation that your application has been accepted, the personal information that you have given in this application will be used by the program organiser in administering the program. The data will not be used for other purposes. By signing this application you agree to these terms.

APPLICANT'S SIGNATURE

I certify that my answer to the questions above are true, complete and correct to the best of my knowledge and beliefs. If selected as a participant I understand to spend the time during the period of the program as directed by the program management. I have read and agree to the terms of use of my personal information in this application.

Date: _____

Applicant's signature: _____