



Intellectual Property and Genetic Resources
– in Support of Innovation (313c)
11–30 April 2021, Provisionally
Follow-up meeting 7–12 November, 2021, Provisionally

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Received application by administration:

Sign _____ Date _____

Comment, see attached note

Official nomination not necessary in this country

APPLICATION FORM (TYPEWRITING OR BLOCK LETTERS)

The _____ Country _____
(name of nominating organisation/institution/company)

nominates _____
(name of applicant)

**To the programme Intellectual Property and Genetic Resources and Traditional Knowledge – in Support of Innovation (313c).
11–30 April 2021, Follow-up meeting 7–12 November, 2021 Provisionally.**

Reason for nomination (obligatory), including how your organisation intends to use the training strategically (use additional page, if necessary)

additional page(s), indicate number _____

We are aware that if this person will be selected for this training our organisation will release the person for all parts of the programme and also support him/her when working with the project. Note that no funding of the project is provided by the organisers.

Date _____ Signature of nominating organisation/institution/company _____

Name of nominating manager _____ Telephone number _____

E-mail address _____

If the immediate superior of the applicant is another person than above please state here:

Name of the applicants superior _____

E-mail _____ Telephone _____

[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 **11 January, 2021**.

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 **11 January, 2021**.

Applications received after this date will not be considered.

This form is available on the web site <https://www.prv.se/en/capacity-development/programmes/> where it could be filled in on the computer. Please send an advance copy by e-mail to the organiser:

The Swedish Intellectual Property Office
att. Mr. Patrick Andersson
P.O. Box 5055
SE-102 42 Stockholm
Sweden

Phone: +46 8 782 26 72
E mail: international@prv.se
Web site: <https://www.prv.se/en/>

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)			
			Mobile phone:			
			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						
8. Name and address of person to be notified in case of emergency (incl. country code/area code)						
Name _____		E-mail _____				
Address _____		Telephone _____				
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. 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	
Type of Organisation: <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Private <input type="checkbox"/> Academic	

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	

COUNTRY PROJECT

Please enclose a tentative outline of your project (to include this outline improves the possibility to be selected). Use the following headlines: Title of project, Background (including target group, the role of your organisation, and other relevant stakeholders), workplan, and plan forward (how will the result be used in your organisation?). **Note that no funding of the project is provided by the organizers.**

Enclosed outline number of pages _____

REASON FOR APPLYING TO THIS PROGRAMME

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.

APPLICATION REQUEST

This form is available on our website: <https://www.prv.se/en/capacity-development/>
please fill it in on the screen and then print.

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.
<input type="checkbox"/> If you have a disability, please state how we can assist you in the comment area below. (This box is for information only and will not affect the selection of candidates.)
Comment: _____ _____ _____

Information to all applicants according to the General Data Protection Regulation:

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. For more information on processing of personal data, visit www.prv.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 e-mail. **Please confirm your acceptance to attend by e-mail.**