Application Form

Learning Route

“Women’s empowerment, business development and sustainable natural resource management”

Scaling up programmes for the rural poor in Nepal

Nepal, 06-13 December 2014

APPLICATION PROCESS

Potential candidates for this Learning Route are welcome to submit their Application Form before November 19th, 2014.

Please send us an email using the addresses below. We will be happy to provide you with more detailed information on the Learning Route and guide you in the application process.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | E-mail | Phone | Language |
| Mr. Krishna Khanal | krishna\_gorkha@yahoo.com | (+977) 9818826891 (+977) 9841468091 | Nepali, English |
| Ms. Giulia Pedone | gpedone@procasur.org | (+39) 320 0776080 | English, French |
| Mr. Ariel Halpern | ahalpern@procasur.org | (+66) 832083728 |  English, Spanish |

Personal Details

|  |  |  |
| --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME |
|  |  |  |
| SEX | BIRTH DATE |
| Female | Male |  |
|  |  |  |
| COUNTRY OF RESIDENCE |  |
| CITY |  |
| MAIL ADDRESS |  |
| E-MAIL BOX | 1) | 2) |
|  | Country Code | Area Code | Number |
| PHONE |  |  |  |
| FAX |  |  |  |
| MOBILE |  |  |  |
| /storage/emulated/0/.polaris_temp/image1.pngDOCUMENT OF IDENTIFICATION |
| PASSPORT NUMBER | COUNTRY OF ISSUE |  |  |
|  | Date of Issue | Date of Expiry |
|  |  |
| IDENTITY CARD NUMBER |  | Date of Issue | Date of Expiry |
|  |  |  |
| LANGUAGES |  |
|  |

Occupation

|  |  |
| --- | --- |
| JOB OR PROFESSION |  |
| Professional or technical specialization |  |

|  |
| --- |
| POSITION YOU HAVE IN THE PROJECT, INSTITUTION, COMPANY OR ORGANIZATION YOU BELONG TO: (POSITION OR ASSIGNMENT NAME) |
|  |

|  |
| --- |
| NAME OF THE APPLICANT’S PROJECT, INSTITUTION, COMPANY OR ORGANIZATION |
|  |

|  |
| --- |
| MAIN ACTIVITIES OF YOUR PROJECT, INSTITUTION, COMPANY OR ORGANIZATION |
|  |
| ACTIVITIES GEOGRAPHICAL RANGE |
| International |  | National |  | Regional |  | Local |  |

|  |  |  |
| --- | --- | --- |
| IS YOUR PROJECT, INSTITUTION, COMPANY OR ORGANIZATION LINKED TO IFAD | YES | NO |
|  |  |  |
|  |

|  |
| --- |
| PROJECT, INSTITUTION, COMPANY OR ORGANIZATION CONTACT INFORMATION |
| COUNTRY |  |
| CITY |  |
| ADDRESS |  |
| DIRECTOR EMAIL BOX | 1) | 2) |
|  | Country Code | Area Code | Number |
| PHONES |  |  |  |
| FAX |  |  |  |

Scholarship Request

Personal details

|  |  |  |
| --- | --- | --- |
| LAST NAME | FIRST NAME | MIDDLE NAME |
|  |  |  |
| NAME OF THE APPLICANT’S PROJECT, INSTITUTION, COMPANY OR ORGANIZATION |
|  |

SCHOLARSHIP APPLICATION

Please note that the Partial Scholarship Fund does not cover any traveling expenses to the city where the Learning Route begins and back home. Each participant must meet his or her transport costs to reach the country where the Route starts and backs home. The Partial Scholarship Fund will cover just few international traveling expenses.

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| Please explain the reasons why a partial scholarship should be availed to you in order to participate in the Learning Route. |
|  |

CO-FUNDING AND SCHOLARSHIP

Applicants and organizations not able to completely cover the fee may request a partial scholarship.

|  |  |
| --- | --- |
| Please state in American dollars the amount requested from you and/or your organization to cover the Learning Route cost. | Scholarship requested by the participant and/or the organization |
|  |