

# ITP Application

## Local Leaders - Capacitating Local Politicians in Zimbabwe

### APPLICATION FORM

Please fill out all questions in the application form. Questions marked with an \* must be responded to.

**Applicant's first name as in passport. Please include all given names separated with a comma. \***

**Last name as in passport. Please use only latin letters (a,b,c.....,vwxyz) no cyrillic letters. \***

**Date of Birth (Please use format: YYYY-MM-DD) \***

**Sex \***

Male  Female  Other

**Office address. \***

**Office address c/o**

**Office address row 2. \***

**Office Address row 3**

**Office Postal code**

**Office address: City \***

Please indicate your primary email, the preferred email for any communications regarding the application and the training. \*

Telephone Office (Start with country code).

Home address \*

Home address c/o

Home address row 2 \*

Home address row 3

Home Postal code

Home City \*

Home country

E-mail (home). Please indicate a secondary email if you have such an email. Leave blank if you only use one email and have already indicated this under "Primary email" above.

Telephone (home) (Start with country code)

Mobile phone (Start with country code). If you don't have a mobile phone, please add "0" in the field. \*

**Name and telephone number of an emergency contact \*****Passport number**

- Enclosed a copy of passport. After submitting the application you will be directed to a page where you can upload a copy of your passport.

Add a passport sized photograph. After completing the application and after submitting the application by pressing the "Apply" button below you will be directed to a page where you can upload a photograph.

## Team members

Your team must consist of two persons, one elected politician and one senior councillor official. Both members of the team must apply separately.

**1. Elected politician \*****2. Senior councillor official \*****What is your motivation for applying to this programme and what do you hope you will get out of it? \*****Name of supervisor****Email of your supervisor.**

**Telephone number of supervisor****Medical statement**

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.

I do not have any medical conditions which prevent me from carrying out training away from home or walking up to 3 kilometers.

**I am in good health and enjoying full working capacity. \***

Yes  No

**Comment****In order to participate in the training I require**

Please mark assistance you may need from the dropdown menu ▼

**Other functional variations I have that require attention from the organizers:****Any other comment about my health:****Code of Conduct**

By applying to this training programme, I agree to the ICLD Code of Conduct that includes the values and expectations of our partners, participants and employees. I agree to NOT: • Discriminate against anyone irrespective of their race, tribe, gender, sexual orientation, physical ability, party affiliation, language or religion • Participate in any form of sexual harassment, (physical or verbal), including the buying or selling of sexual services. • Participate in any form of corruption, cheating, misuse of funds, or nepotism. Violation of any of these key values may be cause for dismissal from the programme.

**Swedish Personal Data Act:**

Information to all applicants according to the Swedish Personal Data Act:

Upon confirmation that your application has been accepted, the personal information that you have given in this application will be used by the Programme Organizer in administering the programme. Your personal data will also be available to ICLD for internal use. The data will not be used for other purposes.

- As a routine, the ICLD keeps your name, email, telephone number and name of your organization in our files. The details we keep will not be shared with any third party. We use these data to send you information on upcoming events organized. If you do not want us to keep your details, you are entitled to request us to erase any personal data we hold about you under EU General Data Protection Regulation (GDPR). If you send an email to [info@icld.se](mailto:info@icld.se) with the word "Erase" in the subject field or in the text field, we will erase your email, telephone number and organization and only keep your name. For information on how we use your data, please visit <https://icld.se/en/article/icld-integrity-policy>. Checking the box means you agree to this.

## Signature

I certify that my statements in response to the questions in this form are true, complete and correct to the best of my knowledge and belief.

If selected as a participant I understand and accept that I must devote sufficient time during the programme as I have been informed and as instructed by the programme management.

- By checking the box I certify that my statements in this form are all accurate, complete and true to the best of my knowledge and belief.

Date \*

## Further information

For information or questions regarding the programme, please contact: Shannon Lovgren Programme Officer E-mail: [shannon.lovgren@icld.se](mailto:shannon.lovgren@icld.se)

After submitting your application you will receive a "Success notification" including a registration number. Please note the number and keep it for any future correspondence with the ICLD.

Avbryt

Apply

