

**DEPARTMENT OF RURAL DEVELOPMENT STUDIES,
SWEDISH UNIVERSITY OF AGRICULTURAL SCIENCES
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APPLICATION FORM

FOR OFFICIAL USE OF THE SWEDISH EMBASSY

Officiellt godkänd ansökan.
Endast vidarebefordrad av ambassaden.
Kommentar, se bilaga.

Sign:

Datum:

Typewriting or block letters

is nominated by: _____ (name of applicant)	Country:
	_____ (title of position)
_____ Nominating organization/Employer	
to the programme: Global NutriTion 2004 in Uppsala, Sweden, March 08 – April 08 2004 and follow-up activities in Phase II and Phase III	
Motivation for nomination the candidate _____ _____ _____	
_____ Date	_____ Signature and official stamp of nominating organisation

This nomination is approved in accordance with local rules by

Date Signature of Authorizing Authority

Family name		First name			Other names	
Mailing/Work address				Home address		
Fax: + country code - area code -				Fax home:		
Phone: + country code - area code -				Phone home:		
E-mail:						
Nationality		Sex	Date of birth			
			Day	Month	Year	
Native language		Marital status				

EDUCATION (start with last attended institution and work backwards)

Name of institution and place of study	Years of study: from – to	Major fields of study	Degree

PLEASE ENCLOSE CERTIFIED COPIES (NOT ORIGINALS) OF RELEVANT UNIVERSITY DEGREES

List any relevant publications you have written in the last 5 years (do not attach).

Please state briefly your reasons for applying to this course, your main fields of interest within the programme and how you hope to benefit from the course.

1. Which three program topics are of particular interest to your present work?

2. What aspect of your work do you think you would like to improve and why?

3. How do you think this programme may be of particular benefit to you in your present employment?

Please present your ideas regarding your practical application work to be carried out between Phase I and III.

EMPLOYMENT

Title of your present post: Since				
Type of organization:	What do your daily responsibilities consist of? in percentage			
Name and full address of employer:	Teaching %			
	Research %			
	Administration %			
	Clinical work (if applicable) %			
	Are you a government employee? <input type="checkbox"/> yes <input type="checkbox"/> no and/or a private/NGO employee? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you responsible for teaching food and nutrition to:		Medical students/physicians <input type="checkbox"/> yes <input type="checkbox"/> no		
		Students in nutrition/dietetics <input type="checkbox"/> yes <input type="checkbox"/> no		
		Students in food science <input type="checkbox"/> yes <input type="checkbox"/> no		
		Students in agriculture/agronomy <input type="checkbox"/> yes <input type="checkbox"/> no		
Description of your work, including your personal responsibility.				
Previous employment				
Title of your previous position	Years of service	Type of organization		
How much experience do you have in using				
word processing?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
spread sheet programs?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
statistical/epidemiological programs?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
e-mail communication?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
internet use?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
digital pictures?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
website design?	<input type="checkbox"/> None	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Plenty
Do you have access to a computer?	<input type="checkbox"/> None	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily	
Do you have access to e-mail facilities?	<input type="checkbox"/> None	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily	
Do you have access to internet?	<input type="checkbox"/> None	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily	

CERTIFICATE OF ENGLISH LANGUAGE PROFICIENCY

(Required by all non-native speakers)

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/or 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 the dictionary
Remarks _____	
Language test conducted by: _____ (Signature) (Block letters)	
Name: _____	
Title: _____	
Address: _____	
Date: _____	

MEDICAL REPORT

Is the candidate in good health and enjoying full working capacity? _____	Is the candidate free from infectious diseases (for example, tuberculosis and trachoma)? _____
Is the candidate physically and mentally able to carry on intensive training away from his/her home? _____	Does the candidate have any condition or defect which might require treatment during the course? _____
Place: _____	Examining Physician: _____
Date: _____	Exact address: _____ (Please print)

SEND THE APPLICATION TO THE NEAREST SWEDISH EMBASSY AND A COPY TO UPPSALA
If you are selected, you must confirm your acceptance to attend within two weeks by e-mail.
CLOSING DATE FOR APPLICATION IS NOVEMBER 1st, 2003.

If you are admitted to the programme we need to contact you immediately, hence give full details on how to communicate directly with you by:	Contact person:
Telefax: _____	E-mail: _____

I certify that my statements are true, complete and correct to the best of my knowledge.
If selected as a participant I undertake to attend the entire training programme, in Uppsala as well as the follow-up phases, and act as directed by the course management.
Date: _____ Signature of candidate: _____