



# Application Form

## A: TO BE COMPLETED BY THE APPLICANT

Please indicate the course title and dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1. PERSONAL DATA

Name: \_\_\_\_\_ (female/male)

AGE: 18-25  26-35  36-45  46-55  , above 56  (tick where appropriate)

Postal /mailing address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E mail: \_\_\_\_\_

### 2. EDUCATION BACKGROUND

Highest level attained and year: Certificate  Diploma  BA/BSc  MA  MSc   
Mphi  MLett  PhD  . (tick where appropriate)

Discipline(s) \_\_\_\_\_

Institutions and countries where obtained \_\_\_\_\_

Other relevant education/training \_\_\_\_\_

### 3. EMPLOYMENT RECORD

Present Occupation/Title of Post \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E mail: \_\_\_\_\_

Description of your work \_\_\_\_\_

Employed in this position since \_\_\_\_\_

Previous working experience (*Please mention dates employed, title of posts and give a short description of your activities*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. TRAINING EXPERIENCE

Describe your experience in the field of training if any (possibly with reference to gender issues). Be clear about content, methods, objectives and participants. Clarify your own position.(trainer, co-trainer, resource person or participant.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For those applying for the Training of Trainers (TOT) course please indicate if you have been trained as a trainer (where, when, duration) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick the following if you are in agreement:

- If selected, I commit myself to fully participate in the programme and ensure that payment is settled before the training starts.
- I (or my organisation) am (is) able to cover the costs of the training fees, and travel to and from the venue of training.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### **B: TO BE COMPLETED BY THE SPONSOR**

Name of sponsoring agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E mail: \_\_\_\_\_

Organisation's/Sponsor's expectation of the workshop: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **C: ACCOMMODATION**

Please indicate if you need information or bookings for accommodation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **MODE OF PAYMENT\*\***

Fees can be paid in Tanzanian shillings or US\$

By Bank transfer (Telegraphic Transfer)

To: Tanzania Gender Networking Programme (TGNP)  
P.O. Box 8921, Dar es Salaam. Fax: 255 22 2443244

\*\* Bookings will only be valid when fees are fully paid. Cancellations received 10 days before beginning of the course will be subject to a charge of T Shs. 50,000/= (fifty thousand). No refund will be made for any cancellation received thereafter, Delegates may however be substituted at any time with prior agreement with the course coordinator.