

NOMINATION FORM

Target Group: -----

SADC/EU COURSE TITLE / VENUE/ DATE -----

Together with *Institution's letter of nomination / recommendation*, please submit the completed form, along with brief curriculum vitae by ___ Day _____ Month, 200__ to:

The National Coordinator in your country

Please type or use BLOCK LETTERS

A. PARTICULARS OF PARTICIPANT			
1	Family name/Surname		
2	First names		
3	Date of birth:	Day:	Month: Year:
4	Citizenship:	ID No.:	
5	Gender:	Male:	Female:
6	Academic Qualification	Certificate: Yes/No	
		Diploma: Yes No	
		B.Sc: Yes/No	M.Sc: Yes/No PhD: Yes/No
7	Field (e.g. Agric, environment, other)		
8	Current Position		
9	Areas of expertise:		
10	Current Position:		
11	Contact Address:		
		Tel:	Fax: Mobile:
		E-mail:	
12	Participant has submitted CV	Yes/No	
B. PARTICULARS OF EMPLOYER			
13	Name of institution		
14	Head of Institution's name		
15	Supervisor's name (where applicable)		
16	Contact Address		
		Tel:	Fax: Mobile:
17	Recommendation / nomination letter	Submitted: Yes/No	Sign/initial:
18	Will support in-country travel	Yes/No	Sign/initial:
19	Will support health insurance	Yes/No	Sign/initial:
20	For non SADC / EU sponsored participant nominations	YES, Institution will provide support	
		NO, Institution will not provide support	

Note:

- (i) Applications are invited from all SADC Member States. However eligibility for support is limited to participants from **Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia, and Zimbabwe**. For easy communication indicate your **e-mail address** and **mobile phone number** for contact.
 - (ii) Please fill the application form as adequately as possible as applications without **cover letter** from institution or with insufficient information will not be considered.
- ✦ **Mandatory fields and these will determine eligibility of candidate for sponsorship**