**Application Form to be enlisted as the Resource Person for different capacity building activities for PCGG Sudurpashchim.**

Please fill in the boxes completing every section of the form. Do not include a curriculum vitae or any other additional information, unless specifically requested to do so.

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (Block Letters) |  | | |
| Date of Birth |  | | |
| Permanent Address – |  | | |
| Current Residence Address |  | | |
| Telephone number: |  | Mobile: |  |
| Personal email: |  | | |

1. **KEY EXPERTISE AREA ( Please indicate maximum 5 expertise area)**

Local/ Federal Governance, ICT, Periodic/ master/ strategic planning, Capacity building of local government, Capacity building of provincial government, Public Finance Management, Revenue Improvement, Gender Equality and Social Inclusion, Disaster Risk Reduction, Climate Change, Covid-19, Entrepreneurship, Judiciary and dispute management, Procurement, Monitoring and Evaluation, Law drafting/ making process, Appreciative Inquiry, LISA, MTEF

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| --- | --- | --- |
| Expertise area | Years of experience | Rationale for indicating this as the expertise area |
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1. **EDUCATION AND PROFESSIONAL QUALIFICATIONS ( Indicate the highest degree only)**

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| --- | --- | --- | --- | --- |
| **Degree** | **Year completed** | **Division** | **Name of College and university** | **Major subjects** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **TRAINING COURSES ATTENDED ( Please indicate maximum 10 items)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List the formal training(s) you have received in relevant field. Give the exact name of institution and title of the training received.** | | | | |
| **Title of the Training** | **Date of Training** | | **Place** | **Name of the institution/ agency organizing the training** |
| **From** | **To** |
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1. **TRAININGS DELIVERED ( Please indicate maximum 10 items)**

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| --- | --- | --- | --- | --- | --- |
| **List the formal training(s) you have delivered in relevant field. Give the exact name of institution and title of the training received.** | | | | | |
| **Title of the Training** | **Date of Training** | | **Place** | **Participants** | **Organizing institution/ agency** |
| **From** | **To** |
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1. **EMPLOYMENT/WORK HISTORY (**Details of present or most recent employer- add the form as required)

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| --- | --- | --- | --- | --- |
| Name of employer: |  | | | |
| Duty station: |  | | | |
| Dates employed | From: |  | To: |  |
| Job title: |  | | | |
| Key Accomplishments (Indicate maximum 5 bullets) |  | | | |
| Number & position of staff supervised |  | | | |

1. **LANGUAGES**

|  |  |  |  |
| --- | --- | --- | --- |
| Languages known (indicate level of fluency from 1 -5 best)) | **Read** | **Write** | **Speak** |
|  |  |  |  |
|  |  |  |  |

1. **SUPPORTING STATEMENT**

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| --- |
| **This is the most essential part of your application.** Please use this section to explain us **your motivation for applying to be enlisted as the resource person** and why you think you **should be considered** as the facilitator/ expert to deliver the capacity building activities. DO NOT EXCEED 1 A4 page. |
|  |

1. **DECLARATION**

I confirm the details contained on this application form are correct. I understand that any offer of employment will be subject to the receipt of two references that are satisfactory to PLGSP.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date |  |

*Note: The applicants should submit all the experience letters s/he has mentioned in the work experience. After filling in all the information, sign in each of the pages and send the scanned copy at pcggdoti@gmail.com*