

INTERNATIONAL COOPERATIVE ALLIANCE -
ASIA AND PACIFIC [ICA-AP]

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1st Training Course on
“EMPOWERMENT OF RURAL WOMEN
FOR IMPROVEMENT OF THEIR LEADER-
SHIP AND BUSINESS MANAGEMENT IN
ASIA AND AFRICA-2020

PHOTO

NOMINATION FORM

TO BE SUBMITTED ONLINE, DULY COMPLETED

Instructions: [i] Please read through this Nomination Form carefully before attempting to fill it in; [ii] The completed form in this format – should reach the ICA Regional Office on or before the closing date; [iii] Please typewrite or write in Block Letters; [iv] Forms not filled in properly, or not filled in this format, or not containing the requested information, or not accompanied by other enclosures, and without the needed endorsements by the Nominating-Organisations are likely to be ignored; [v] All questions asked should be answered and nothing should be left blank/unanswered; [vi] You may use additional sheets of the same size, if and wherever necessary.

Nominating Organisations: are the ICA Member-Organisations which forward the completed applications of candidates to the ICA Regional Office; and **Sponsoring Organisations:** are those where the candidate is actually working, and which sponsor the candidates to the ICA Member-Organisations – the Nominating Organisations. The Nominating Organisations then nominate the candidates to the ICA after the initial verifications etc., have been completed.

ALL INFORMATION IN THIS BLOCK SHOULD BE WRITTEN IN BLOCK LETTERS

Please note that this address would be used by the ICA-AP for all
future communications with the selected candidates

[A] **Full Name of the Candidate** Ms-----

Short-name (nick name) you would like to be called: _____

[B] **Complete Office Address for Correspondence with the Candidate:**

[This address will be used by the ICA for all correspondence with the candidate. Do not use only the Post Box Number. The courier service needs full street address to ensure quick delivery]

Mobile Phone Number [with country code]:-----

Fax Number [with country code]:-----

Your E-Mail address: -----

Date of Birth:-----

01 PERSONAL PARTICULARS OF THE CANDIDATE

1.01 Office Address [*In Full, and in Block Letters*]

Office Phone Number [*with country code*]:-----

Office Fax Number [*with country code*]:-----

E-Mail Address: -----

1.02 Residence Address [*in Full, and in Block Letters*]:

Home Phone Number:----- Home Fax Number:-----

Name of the Contact Person at Home:-----

1.03 Place of Birth:-----

1.04 Nationality:-----

1.05 Passport Number:-----

1.06 Date of Issue: -----

1.07 Place of Issue: -----

1.08 Valid up to:-----

02 EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Degree/Certificate

Main Subjects

University/Institution

03 GOVERNMENT CLEARANCE FOR PARTICIPATION IN THIS TRAINING COURSE *[Please tick-mark as applicable]*

- ☐ I have already obtained government clearance;
- ☐ The government clearance is being obtained. I shall join the Training Course only if the government clearance is available;
- ☐ Government clearance is not required in my case.

04 PREVIOUS EMPLOYMENT *[past five years only]*

<u>Position Held</u>	<u>Institution</u>	<u>Duration</u>
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05 CURRENT EMPLOYMENT STATUS

Title of the Present Post:-----

Current Employer:-----

Working since:-----

Brief description of your main duties:

06 Are you a government official? YES/NO

07 Are you an elected official at present? YES/NO

08 LANGUAGE PROFICIENCY *[the medium of instruction is English]*
Knowledge of English language. *[Please encircle your present ability].*

-Ability to speak	FAIR	GOOD	VERY GOOD
-Ability to Read	FAIR	GOOD	VERY GOOD
-Ability to write	FAIR	GOOD	VERY GOOD

09 PREVIOUS RESIDENCE/VISITS ABROAD

<u>Countries Visited</u>	<u>Purpose</u>	<u>Duration of Stay</u>
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10 **WRITE-UP OF 500 WORDS.** *This write-up of maximum 500 words is needed in order to know about your organisation where you are working at present and your own perception of this training programme. This will also help in assessing your knowledge of English. It should be attached to this Nomination Form. The following points should be discussed in the write-up:*

- i. Name, objectives, organisational structure and a brief description of the activities of the organisation where you are presently working;*
- ii. In what way the activities of your organisation, directly or indirectly, help the cooperative farmer-members;*
- iii. Main problems of the participation of women in the Cooperative Movement of your country;*
- iv. [a] Why do you wish to join this Training Course? [b] What are your own personal objectives to participate in this Training Course?*

The Write-up is attached herewith

YES/NO

13 **ANY OTHER INFORMATION** you might like to furnish in support of your wish to participate in this Training Course. *[Use additional sheets of A4 size, if needed]*

14 The candidate must sign the following Declaration:

DECLARATION BY THE CANDIDATE

[The following Declaration must be signed by the Candidate after having gone through its contents carefully. Without this Declaration, the Nomination Form will not be taken up for consideration by the ICA]

- i. I agree to abide by the rules and regulations of the International Cooperative Alliance set out by the ICA in the Course Memorandum for this Training Course;
- ii. I agree to conduct myself in the best friendly traditions without entering into religious, regional and personal conflicts and controversies with my fellow-participants and avoid, at all costs, any type of confrontation with my fellow-participants, teachers and Course leadership;
- iii. I agree to respect the views of the groups and at the same time maintaining my beliefs, concepts and personal convictions without hurting the ego, views and wishes of others;
- iv. I declare that I shall participate in the Training Course for its full duration, failing which I agree to refund to the ICA all costs incurred by it on me and on my behalf;
- v. I agree to respect the decisions and rulings given by the ICA Course Coordinator on issues brought to him about my participation in the Training Course.

Signature of the Candidate

Place: -----

Date: -----

ENCLOSURES

Please check and ensure that the following enclosures are secured and attached to this Nomination Form

- 01 Two colour photographs – one to be pasted and one to be attached;
- 02 Write-up of 500 words; and

15 CERTIFICATE BY SPONSORING ORGANISATION
[where the candidate is currently employed and working]

[This Certificate is to be completed by the Sponsoring Organisation where the candidate is presently working. The Certificate is to be signed by the Chief Executive Officer of the Sponsoring Organisation after having read through its contents carefully and understood the implications of the contents]

C E R T I F I C A T E

We certify that the information supplied herein by the candidate is factually correct. Certified that the candidate possesses sufficient proficiency in writing, reading and speaking the English language and she is well-versed with computer knowledge to attend the online program, that the candidate is a suitable person for training, that the candidate is an active official of this organisation, that the candidate will be able to make good use of the training, and that this organisation will make the best possible use of the candidate after completion of her training.

We have emphasised to the candidate the need for participation in the Training Course for its entire duration and have informed the applicant of the requirement of refund of ICA expenditure incurred in case of any default.

Signature and Designation of the
Chief Executive Officer of the Sponsoring Organisation

Place:-----

Date:-----

*[Full name and address of the organisation in which
the candidate is currently working]*

[Seal of the Sponsoring Organisation]

16 ENDORSEMENT OF THE NOMINATING ORGANISATION

[The Nominating Organisation i.e., the ICA Member-organisation, would forward the Nomination Forms to the ICA-AP Office with the following endorsement without which the Nomination Forms would not be taken up by the ICA for consideration]

ENDORSEMENT
OF THE NOMINATING ORGANISATION

We certify that the nominated candidate has obtained all clearances [including government clearance] for participation in this training programme, and, that we are satisfied that the nominated candidate possesses all the necessary qualifications, as have been set out by the ICA for this Training Course.

Signature of the official responsible
for forwarding Nomination Papers

Designation

Place:-----

Date:-----

*[Full Name and Address of the
Nominating Organisation]*

[Seal of the Nominating Organisation]