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Description automatically generated**

For Official Use

Applicant number: …………………………

Date: …………………………………………

**Weaving Leadership for Gender Equality (WAVES)**

**International Training on Gender Equality in Forestry–Climate Change Nexus (August 2024–October 2025)**

Part A

To be filled out by the host Institution

Organization name …………………………………………………………………………………………………., Country…………………………………………….. nominates Ms/Mr…………………………………………. ...

for the International Training Program- Weaving Leadership for Gender Equality (WAVES).

………………………………………………………………..(organization) will provide 10% of the participants time allocated for the program between August 2024–October 2025.

The transformative change project proposed by the participants aligns with the organization's interest and will support the nominee to effectively participate in the program.

Reasons for nomination:

Date:

Signature of the nominating official:

Institutional stamp (optional):

Part B

(To be filled out by the applicant)

PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s): | Second name: | | Family name (surname): |
| Home address: | Current address (if different from home address): | | |
| Mobile no: | Tel. office: | | |
| Email: | Gender: ❏ Male ❏ Female ❏ Other……………………………. | | |
| Nationality at birth: | Date of birth (dd/mm/yy): | | |
| Current nationality or nationalities: | Marital status: ❏ Single ❏ Married ❏ Widow(er) ❏ Divorced ❏ Separated | | |
| Emergency contact | | | |
| Name: | | Mobile no: | |
| Relation to applicant: | | Email: | |

EDUCATION

(Highest degree first)

|  |  |  |  |
| --- | --- | --- | --- |
| Degree obtained | Year | Name of institution | Main courses |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

TRAININGS/COURSES/LEARNING ACTIVITIES

|  |  |  |
| --- | --- | --- |
| Training name | Date/Duration | Venue |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

PROFESSIONAL MEMBERSHIPS

List membership of professional societies and activities in civic, public or international affairs.

1.

2.

3.

PUBLICATIONS, AWARDS OR RECOGNITION

List any significant publications or any special recognitions and awards you have received.

|  |
| --- |
| 1.  2.  3. |

LANGUAGE PROFICIENCY

Categorize as either fluent, moderate, poor or mother tongue

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Reading | Writing | Speaking |
| English |  |  |  |
|  |  |  |  |
|  |  |  |  |

Language abilities if tested

|  |  |  |
| --- | --- | --- |
| Title: |  |  |
| Score |  |  |
| Test date: |  |  |

EMPLOYMENT RECORDS

|  |  |
| --- | --- |
| Employer: | Description of your work (in bullets) |
| Address of the employer: |  |
| Type of organization:  ❏ Governmental agency ❏ Private company  ❏ NGO/CSO ❏ Other, please specify: ……….. |
| Position: |
| From:  To: |
| Supervisor name: | Supervisor contact details: |

|  |  |
| --- | --- |
| Employer: | Description of your work (in bullets) |
| Address of the employer: |  |
| Type of organization:  ❏ Governmental agency ❏ Private company  ❏ NGO/CSO ❏ Other, please specify: ……….. |
| Position: |
| From:  To: |
| Supervisor name: | Supervisor contact information: |

|  |  |
| --- | --- |
| Employer: | Description of your work (in bullets) |
| Address of the employer: |  |
| Type of organization:  ❏ Governmental agency ❏ Private company  ❏ NGO/CSO ❏ Other, please specify: ……….. |
| Position: |
| From:  To: |
| Supervisor name: | Supervisor contact information: |

MOTIVATION

|  |
| --- |
| In less than 500 words, please state your reason for applying for this leadership program, your main field of interest and how the program can be helpful to you and your organization. |

TRANSFORMATIVE CHANGE PROJECT

|  |
| --- |
| In less than 500 words, please provide a title and a short description for your idea for a transformative change project. What are the gender gaps you see in the climate change and community forestry nexus? How do you want to address these gaps? How will you and your organization benefit from this change project (discuss the title, objectives, target stakeholders and the change activities). RECOFTC and its team of experts will provide mentoring support to WAVES champions but will not directly fund the change projects. |

REFERENCES

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Organization |  |  |
| Position |  |  |
| Your relation |  |  |
| Mobile |  |  |
| Email |  |  |

SPECIAL NEEDS

Please inform us about any special needs you have (dietary, liabilities, etc.):

|  |
| --- |
|  |

APPLICANT’S SIGNATURE

|  |
| --- |
| I certify that my statements in response to the questions above are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation in the document may lead to my disqualification.  If selected as a participant, I undertake to spend the time during the period of the training program as directed by the WAVES management.  Date Applicant’s signature |

PRIVACY AND USAGE POLICY

By submitting this application form, you consent to the collection, processing, and use of your personal data by RECOFTC for the purposes outlined in the Call for Application. We are committed to protecting your privacy and ensuring the confidentiality of your information.

For more details on how we handle your data and your rights regarding privacy, please read our [Privacy and Usage Policy](https://www.recoftc.org/privacy-and-usage-policy). If you have any questions or concerns, please contact us at info@recoftc.org.