Sida

Advanced Training Programme
Locally Controlled Forest Restoration
January - December 2026

APPLICATION FORM (If writing by hand, please use BLOCK LETTERS.)

The _____ country_____
(name of nominating organisation/institution/company)

nominates_____
(name of applicant)

to the programme Locally Controlled Forest Restoration for participation at 20% of fulltime duty in the nominating organisation January - December 2026 and confrm that the proposed training programme is of interest for the organisation.

Reasons for nomination (obligatory) _____

_____

_____

Date_____

Signature of nominating organisation/institution/company
_____

(When necessary/applicable)
The nomination is approved by (name of authorising authority) _____in accordance with local rules.

Date_____ Signature of authorising authority _____

The Application should be submitted directly to Programme secretariat at the latest by **August 31, 2025** by e-mail to **locoforest.apply@skogsstyrelsen.se.**

Applications received after this date will not be considered.

It is also mandatory for each applicant to be informend by the short online LoCoFoRest orientation at www.locoforest.se for your application to be valid.

Tick here to confirm that you have gone through the LoCoFoRest orientation ❑

Print out the filled in application form. Apply photo and signatures and scan the application form and submit the file of the scanned application as an attachement to an e-mail.

PHOTO

(photo optional)

The Swedish Forest Agency
e-mail: locoforest.apply@skogsstyrelsen.se
www. locoforest.se

PERSONAL DETAILS

First name(s) (underline name by which addressed):	Second name:	Family name (surname):
Home address:	Tel. mobile:	
	Tel. office:	
	Tel. home:	
	Preferred e-mail for LoCoFoRest communication:	
Sex: ❑ Male ❑ Female		
Nationality:	Date of birth (yymmdd):	

Please provide contact information below for a person to be notified in case of emergency.

Name:	Tel. mobile:
Relation to applicant:	E-mail:

EDUCATION

Name of institution and place of study	Major fields of study	Years of study from – to	Degrees

List membership of professional societies or other activities in civil, public or international affairs:

Previous residence in foreign country in relation to applicant's professional or study interest:

Have you participated in any ITP training programme in Sweden before?
❑ yes ❑ no Name of programme, year:

EMPLOYMENT RECORD: present position

Name of organisation (including department/unit):	Description of your work, including your personal responsibilities:
Address of organisation:	
Type of organisation: ❑ Governmental agency ❑ Private company ❑ NGO/CSO ❑ Other, please specify: _____	
Title of your position: / Years of service:	
Supervisor's name:	Supervisor's e-mail:
Supervisor's tel:	Signature by closest supervisor confiming being informed

EMPLOYMENT RECORD: previous position

Name of organisation (including department/unit):	Description of your work, including your personal responsibilities:
Address of organisation:	
Type of organisation: ❑ Governmental agency ❑ Private company ❑ NGO/CSO ❑ Other, please specify: _____	
Title of your position: / Years of service:	
Supervisor's name:	
Supervisor's tel:	Supervisor's e-mail:

Please state briefy the reason for applying to this program, your main feld of interest within the program and how you and your organisation hope to beneft from the program. (Continue on supplementary page if necessary but no more than one page).

CHANGE PROJECT

Please give a short description for your idea for a Change Project (note that this might change or develop during the course). What change do you see as needed to enable locally control-led forest restoration? Project goals? Target group/stakeholders? Organizational benefts? Is this idea common with common with another applicant (name and organization)? (Continue on supplementary page if necessary, but no more than one page.) The Change Project must be fully funded. The Forest Agency or Sida cannot provide funds for the Change Project activity.

LANGUAGE REQUIREMENT

Please select the statements which are applicable, if any.

❑ English is my native language.

❑ English is my working language (please enclose statement from management).

❑ I carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate).

ENGLISH LANGUAGE CERTIFICATE

Not required if any of the conditions above are met.

Name of candidate

ABILITY TO UNDERSTAND	ABILITY TO SPEAK
❑ Understands without difficulty when addressed at normal rate. ❑ Understands almost everything, if addressed slowly and carefully. ❑ Requires frequent repetition and/or translation of words and phrases.	❑ Speaks fluently and accurately and is easily intelligible. ❑ Speaks intelligibly, but is not fluent or altogether accurate. ❑ Speaks haltingly, and is often at a loss for words and phrases.
ABILITY TO WRITE	**READING ABILITY AND COMPREHENSION**
❑ Writes with ease and accuracy. ❑ Writes slowly and with only a moderate degree of accuracy. ❑ Writes with difficulty and makes frequent mistakes.	❑ Reads fluently, with full comprehension. ❑ Reads slowly, but understands almost everything. ❑ Reads with difficulty, and only with frequent recourse to a dictionary.

Language abilities above testified by: _____

Title: _____

Address and Telephone: _____

Date and signature: _____

MEDICAL STATEMENT AND FOOD PREFERENCES

❑ I do not have any infectious diseases (for example tuberculosis or trachoma) or any other illnesses which could present risks to persons that I will come in contact with.

❑ I do not have any medical conditions which prevent me from carrying out training away from home.

❑ I am in good health and able to work without physical/health restrictions.

State any food preferences (eg. vegetarian, vegan, allergies, Halal etc.): _____

_____

_____

_____

Information to all applicants according to the General Data Protection Regulation (GDPR)
Once confirmation has been given that your application has been accepted, the personal information that you have given in this application will be used by the Programme Organiser in administering the Programme. Your personal data will also be available to Sida for internal use and for alumni purposes, and may also be disclosed to the public in accordance with the principle of public access to information in Sweden. You are entitled to access your personal data and can always request your personal data to be corrected, erased or restricted. For more information about GDPR, please visit our website www.sida.se or ask the programme organizer for support.

APPLICANT'S SIGNATURE

I certify that my statement in answer to the questions above is true, complete and correct to the best of my knowledge and belief.
If selected as a participant I undertake to spend the time during the period of the programme as directed by the programme management.

Date_____ Applicant's signature_____