**APPLICATION FORM**

**TRAINING COURSE on PARTICIPATORY POLICY MAKING**

Dear applicant,

Thank you for your interest to participate in the “Participatory Policy Making” training course.

The information given in this application form will help us to understand better the training needs, motivation to attend, and expectations from the program.

1. **GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and Surname** | | |  | | | | | | |
| **Gender** | Female  Male | | | | **City** |  | | | |
| **Name of the organization** | | | |  | | | | | |
| **Position in the organization** | | | |  | | | **Mobile** |  | |
| **Email** | |  | | | | | **Other phone** |  | |
| **Level of English proficiency** | | | | | Begginer  Average  Advanced | | | |

1. **SPECIFIC INFORMATION RELEVANT TO THE TRAINING COURSE**
2. **Please describe in your own words:**

**a) Explain why you are interested to attend the training on Participatory Policy Making.** (about 50 words):

**b) Discuss the following:**

- What do you hope to accomplish as a result of this training?

- How will you use knowledge and skills gained from this training in your organization’ participatory governance initiatives? (about 100 words):

The due date for submission of the applications is **June 14, 2018** at 17:00.

Please submit your application to

**Maris Selamaj**

**Project Assistant**

email: mselamaj@partnersalbania.org

or

**Partnerët Shqipëri për Ndryshim dhe Zhvillim**

Rruga Sulejman Delvina, N.18, H.8, Ap. 12, Njësia Bashkiake 5,   
Kodi Postar 1022, Tiranë, Shqipëri,   
Kutia Postare (PO Box) 2418/1  
Tel. Fax: 04 2254881