**WLR Visiting Professionals Program**

**Application Form - 2012**

1. **CONTACT INFORMATION**

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| --- | --- |
| First NameClick here to enter text. | Last NameClick here to enter text. |
| Country of CitizenshipClick here to enter text. | Date of BirthClick here to enter text. | SexClick here to enter text. |
| Street AddressClick here to enter text. |
| City Click here to enter text. | CountryClick here to enter text. | Postal CodeClick here to enter text. |
| PhoneClick here to enter text. |
| Email AddressClick here to enter text. |
| How did you hear about the Visiting Professionals Program?Click here to enter text. |

1. **PROFESSIONAL EXPERIENCE**

**Please tell us about your current job(s)**

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| --- |
| 1. Organization’s NameClick here to enter text. |
| Organization’s Address, City, Country, Phone, Email Click here to enter text. |
| Current TitleClick here to enter text. | Date of EmploymentClick here to enter text. | Supervisor’s NameClick here to enter text. |
| Brief description of current responsibilitiesClick here to enter text. |
| 2. Organization’s NameClick here to enter text. |
| Organization’s Address, City, Country, Phone, Email Click here to enter text. |
| Current TitleClick here to enter text. | Date of EmploymentClick here to enter text. | Supervisor’s NameClick here to enter text. |
| Brief description of current responsibilitiesClick here to enter text. |

**Please tell us about the most relevant jobs you have previously held**

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| --- |
| 1. Organization’s NameClick here to enter text. |
| Organization’s Address, City, Country, Phone, Email Click here to enter text. |
| Job TitleClick here to enter text. | Date of EmploymentClick here to enter text. | Supervisor’s NameClick here to enter text. |
| Brief description of your responsibilitiesClick here to enter text. |
| 2. Organization’s NameClick here to enter text. |
| Organization’s Address, City, Country, Phone, Email Click here to enter text. |
| Job TitleClick here to enter text. | Date of EmploymentClick here to enter text. | Supervisor’s NameClick here to enter text. |
| Brief description of your responsibilitiesClick here to enter text. |
| 3. Organization’s NameClick here to enter text. |
| Organization’s Address, City, Country, Phone, Email Click here to enter text. |
| Job TitleClick here to enter text. | Date of EmploymentClick here to enter text. | Supervisor’s NameClick here to enter text. |
| Brief description of your responsibilitiesClick here to enter text. |

1. **EDUCATION – Please list any formal studies that you have done**

**Secondary School**

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| --- | --- | --- | --- | --- |
| Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | Years attendedClick here to enter text. | Graduated?Click here to enter text. |

**Post - Secondary Studies**

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| --- | --- | --- | --- | --- |
| 1. Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | Years attendedClick here to enter text. | Degree EarnedClick here to enter text. |
| 2. Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | Years attendedClick here to enter text. | Degree EarnedClick here to enter text. |
| 3. Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | Years attendedClick here to enter text. | Degree EarnedClick here to enter text. |

**Certificates or Other Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | YearClick here to enter text. | Degree EarnedClick here to enter text. |
| 2. Name of InstitutionClick here to enter text. | City Click here to enter text. | CountryClick here to enter text. | YearClick here to enter text. | Degree EarnedClick here to enter text. |

1. **ESSAY QUESTIONS - Please answer the next few questions in 2 or 3 paragraphs each.**

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| **1. Women’s land rights: Why are you interested? What have you done?**Click here to enter text. |

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| **2. Tell us about a challenge that you have experienced working in development and what you have done to overcome it.**Click here to enter text. |

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| **3. Why do you think the Visiting Professionals Program is right for you: What can you gain? What experiences and/or skills can you contribute?** Click here to enter text. |

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| **4. The Program expects that Visiting Professionals will implement a project when they return home. Please give us one or two ideas of a project you might want to implement.**Click here to enter text. |

1. **REFERENCES - Please list 2 references with whom we can get in touch**

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| --- |
| 1. NameClick here to enter text. |
| Current TitleClick here to enter text. | Organization’s NameClick here to enter text. |
| Contact Information: Address, City, Country, Phone, and Email Click here to enter text. |
| How do you know this person?Click here to enter text. |
| 2. NameClick here to enter text. |
| Current TitleClick here to enter text. | Organization’s NameClick here to enter text. |
| Contact Information: Address, City, Country, Phone, and Email Click here to enter text. |
| How do you know this person?Click here to enter text. |

**Signature:** Click here to enter text. **Date:** Click here to enter text.