**WLR Visiting Professionals Program**

**Application Form - 2012**

1. **CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  Click here to enter text. | | Last Name  Click here to enter text. | |
| Country of Citizenship  Click here to enter text. | Date of Birth  Click here to enter text. | | Sex  Click here to enter text. |
| Street Address  Click here to enter text. | | | |
| City  Click here to enter text. | Country  Click here to enter text. | | Postal Code  Click here to enter text. |
| Phone  Click here to enter text. | | | |
| Email Address  Click 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)**

|  |  |  |
| --- | --- | --- |
| 1. Organization’s Name  Click here to enter text. | | |
| Organization’s Address, City, Country, Phone, Email  Click here to enter text. | | |
| Current Title  Click here to enter text. | Date of Employment  Click here to enter text. | Supervisor’s Name  Click here to enter text. |
| Brief description of current responsibilities  Click here to enter text. | | |
| 2. Organization’s Name  Click here to enter text. | | |
| Organization’s Address, City, Country, Phone, Email  Click here to enter text. | | |
| Current Title  Click here to enter text. | Date of Employment  Click here to enter text. | Supervisor’s Name  Click here to enter text. |
| Brief description of current responsibilities  Click here to enter text. | | |

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

|  |  |  |
| --- | --- | --- |
| 1. Organization’s Name  Click here to enter text. | | |
| Organization’s Address, City, Country, Phone, Email  Click here to enter text. | | |
| Job Title  Click here to enter text. | Date of Employment  Click here to enter text. | Supervisor’s Name  Click here to enter text. |
| Brief description of your responsibilities  Click here to enter text. | | |
| 2. Organization’s Name  Click here to enter text. | | |
| Organization’s Address, City, Country, Phone, Email  Click here to enter text. | | |
| Job Title  Click here to enter text. | Date of Employment  Click here to enter text. | Supervisor’s Name  Click here to enter text. |
| Brief description of your responsibilities  Click here to enter text. | | |
| 3. Organization’s Name  Click here to enter text. | | |
| Organization’s Address, City, Country, Phone, Email  Click here to enter text. | | |
| Job Title  Click here to enter text. | Date of Employment  Click here to enter text. | Supervisor’s Name  Click here to enter text. |
| Brief description of your responsibilities  Click here to enter text. | | |

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

**Secondary School**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Years attended  Click here to enter text. | Graduated?  Click here to enter text. |

**Post - Secondary Studies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Years attended  Click here to enter text. | Degree Earned  Click here to enter text. |
| 2. Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Years attended  Click here to enter text. | Degree Earned  Click here to enter text. |
| 3. Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Years attended  Click here to enter text. | Degree Earned  Click here to enter text. |

**Certificates or Other Courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Year  Click here to enter text. | Degree Earned  Click here to enter text. |
| 2. Name of Institution  Click here to enter text. | City  Click here to enter text. | Country  Click here to enter text. | Year  Click here to enter text. | Degree Earned  Click 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**

|  |  |
| --- | --- |
| 1. Name  Click here to enter text. | |
| Current Title  Click here to enter text. | Organization’s Name  Click 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. Name  Click here to enter text. | |
| Current Title  Click here to enter text. | Organization’s Name  Click 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.