

# SOCIAL WORK INSTITUTE

Khumaltar, Lalitpur  
P.O. Box 8975, EPC 860  
Kathmandu, Nepal

Three Month Training Programme

## Application Form

1. NAME OF THE CANDIDATE:

2. Sex: *(Please tick in the appropriate box)*

MALE:

FEMALE:

3. DATE OF BIRTH:

4. CANDIDATE'S PERMANENT ADDRESS:

5. QUALIFICATION:

6. EXPERIENCE: *(Please write in Bullet form)* 7. LIST OF PREVIOUS TRAINING / WORKSHOPS ATTENDED IF ANY

- .....
- .....
- .....
- .....
- .....
- .....
- .....

**8. Please tick the Training of your interest: ( ✓ )**

<b>1</b>	Social Mobilization	
<b>2</b>	Participatory Management	
<b>3</b>	Planning and Strategy Development	
<b>4</b>	Advocacy and Networking	
<b>5</b>	Development Communication	
<b>6</b>	Counseling	
<b>7</b>	Facilitation Skills	
<b>8</b>	Gender and Social Inclusion	
<b>9</b>	Conflict Resolution and Peace Building	
<b>10</b>	Logical Framework based Proposal Writing	
<b>11</b>	Report Writing	
<b>12</b>	Monitoring and Evaluation	
<b>13</b>	PRA	
<b>14</b>	Presentation Skills	
<b>15</b>	Training of Trainers (TOT)	

**9. CONTACT ADDRESS:** *(NGO/INGO participants require to give their agencies Name & Address)*

**10. TELEPHONE/Mobile:**

**EMAIL:**

\_\_\_\_\_  
**SIGNATURE OF THE CANDIDATE**

DATE:

**For NGO/INGO Participants:**

\_\_\_\_\_  
Signature of the Candidate's Supervisor/Manager

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Organization Stamp / Seal)