**Gandaki Province Training Academy**

Photo

**Gandaki Province, Pokhara, Nepal**

## APPLICATION FORM FOR THE ROSTER OF EXPERTS

**Background**

Gandaki Province Training Academy has been established under Gandaki Province Training Academy Act, 2019 as an autonomous knowledge center that aims at enhancing the competency of elected, nominated and appointed officials and the personnel working primarily in Provincial Government and the Local Levels; and supporting Provincial and Local governments in implementing developmental and governance reform programs by creating new knowledge and contributing to existing knowledge-base through research and studies. The Academy aims to be a ***Center of Excellence*** for competent Provincial Government and well versed Local Levels; and conducts quality training, problem based research and issue based dialogues. With its core values of ***Integrity, Commitment and Innovation,*** *it* envisages***changing behaviour and improving performance*** through quality training, on-site coaching and follow-up and performance monitoring.

The Academy mobilizes competent professionals to achieve its objectives; and invites application for the roster from qualified experts. The experts interested to work with Academy are requested to fill in the form below.

Please fill in all sections. Incomplete forms will not be accepted.

1. **Personal Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family name: | First name(s): | | | | | Middle Name: | | |
| Nationality: | | Date of birth (year): | | | | | Sex: M  F | |
| Present Status: Freelancer | | | Employed | | | |  | |
| If employed, employed by: | | | | | | | | |
| Department: | | | | | | | | |
| Position/title: | | | | | | | | |
| Contact information  Office | | | | | Residence | | | |
| Street/Ward: | | | | | Street/Ward: | | | |
| City : | | | | | City : | | | |
| Country: | | | | | Country: | | | |
| Tel: | | | | | Tel: | | | |
| Fax: | | | | | Mob: | | | |
| E-mail: | | | | | E-mail: | | | |

1. **Academic Qualification**

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Degree | Subject | University/School | Year of Completion | Specialization | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

1. **Field of Expertise**

Select the areas of expertise that best fit to your experience and expertise.

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Areas of Expertise** | **Please tick 🗹** |
| 1 | Action Research and Citizen Led Development |  |
| 2 | Development Management |  |
| 3 | Environment and Climate Change |  |
| 4 | Fiscal Decentralization and Intergovernmental Fiscal Transfer |  |
| 5 | Gender Equality and Social Inclusion |  |
| 6 | Human Security |  |
| 7 | Human Resource management and Organizational Development |  |
| 8 | Information Technology and Knowledge Management |  |
| 9 | Infrastructure Standards and Building Code |  |
| 10 | Law, Justice and Human Rights |  |
| 11 | Local Economic Development and Rural Livelihoods |  |
| 12 | Public Services Delivery |  |
| 13 | Research and Innovation |  |
| 14 | Social Accountability and Local Governance |  |
| 15 | Social Enterprises and Inclusive Local Economies |  |
| 16 | Solid Waste Management and Alternative Energy |  |
| 17 | Training Approaches and Facilitation for Social Change |  |
| 18 | Tourism and Markets |  |
| 19 | Others (Please Specify ………………………….) |  |

1. **Experience**

Please state briefly your experience in relation to the section (3) above.

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| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Organization** | **Position** | **Start Date** | **End Date** | **Major Roles** |
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1. **Skills**

Please complete the appropriate sections below in accordance with your mastery of skill and proficiency.

1. Training Design and Curriculum Development

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| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. Training/Workshop Facilitation

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| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. Post-Training Support, On-Site Coaching, Follow-Up

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. Research and Analysis

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. Planning and Strategy Formulation

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. Providing Consultancy Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional** | **Moderate** | **Basic** | **None** |
|  |  |  |  |

1. **List of Relevant Publications (Title, Year of Publication, Publisher)**

|  |
| --- |
|  |

1. **Participation in Training Courses (Major and Strategic Only)**

1. **language Proficiency**

Tick each language that you know and put appropriate numbers for Read, Write, Speak and Understand according to your proficiency**:** ***1*** *- Fluently;* ***2*** *- Well;* ***3*** *- With difficulty;* ***4*** *- Not at all*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Read** | **Write** | **Speak** | **Understand** |
| Nepali |  |  |  |  |
| English |  |  |  |  |
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1. **Other Relevant Information (if any)**

1. **Declaration**

I AGREE to the consent to collection, usage and disclosure of personal information for the purpose mentioned above.

Signature Date

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**Please submit at:** academy.gandaki@gmail.com

Contact No.: 061- 521080/520146