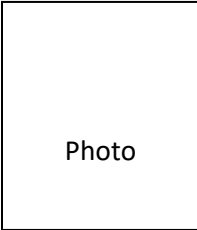




Gandaki Province Training Academy
Gandaki Province, Pokhara, Nepal



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: <input type="checkbox"/> M <input type="checkbox"/> F
Present Status: Freelancer <input type="checkbox"/>	Employed <input type="checkbox"/>	
If employed, employed by:		
Department:		
Position/title:		
<u>Contact information</u>		
<u>Office</u>	<u>Residence</u>	
Street/Ward:	Street/Ward:	
City :	City :	
Country:	Country:	
Tel:	Tel:	
Fax:	Mob:	
E-mail:	E-mail:	

(2) Academic Qualification

Degree	Subject	University/School	Year of Completion	Specialization

(3) Field of Expertise

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

S. No.	Areas of Expertise	Please tick <input checked="" type="checkbox"/>
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)	

(4) Experience

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

S. No.	Organization	Position	Start Date	End Date	Major Roles

(5) Skills

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

a. Training Design and Curriculum Development

Professional	Moderate	Basic	None

b. Training/Workshop Facilitation

Professional	Moderate	Basic	None

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

Professional	Moderate	Basic	None

d. Research and Analysis

Professional	Moderate	Basic	None

e. Planning and Strategy Formulation

Professional	Moderate	Basic	None

f. Providing Consultancy Services

Professional	Moderate	Basic	None

(6) List of Relevant Publications (Title, Year of Publication, Publisher)

(7) Participation in Training Courses (Major and Strategic Only)

(8) 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
<input type="checkbox"/> Nepali				
<input type="checkbox"/> English				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

(9) Other Relevant Information (if any)

(10) Declaration

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

Signature

Date

Please submit at: acadamy.gandaki@gmail.com

Contact No.: 061- 521080/520146