



IFC NIESBUD PROGRAMME FOR ADVANCING CAPACITY OF TRAINERS Application Form



1) Personal Details:

Name (First, Middle, Last):					
Gender:	M		F		Birth date (dd/mm/yyyy):
Personal Address:					
Telephone Numbers: Office:			Mobile:		
E-mail Address:					
Name of the Representing Institute (if applicable):					

2) Educational/Professional Qualification:

Institution/University Name	Degree/Diploma	Subject/ Courses	Duration	City	Year of Passing



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3) Work Experience:

job title	Duration (From-To)	Organisation	Industry	Main Responsibilities	Reference Person



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4) Training Experience (Workshops you have delivered)

Total Years of experience:

Training topic or course name	Core content	Duration	Number of participants	Client contact details

5) Awards/Credentials (if any)



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6) Provide the email and phone number of two references (Client and/or Supervisor)

1) _____

2) _____

7) Who do you currently train? (select all that apply)

- a. Entrepreneurs
- b. Micro-enterprises
- c. Small and Medium Enterprises (SMEs)
- d. Corporate – Management and Employees
- e. Corporate Supply Chain Partners
- f. Unemployed Youth
- g. Students (Secondary and Post Secondary)
- h. Other Trainers
- i. Others, please specify:

1. _____

2. _____



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8) Have you worked with other trainers i.e. training trainers or evaluating trainer competencies? If yes, please provide a brief description of your experience.

9) Do you currently provide any post-training support to your trainees (coaching etc.). If yes, please provide a brief description of the services you provide.



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10) How do you assess yourself in terms of Strengths, Weaknesses, Opportunities and Threats?

Kindly use the chart below to complete your answers.

Strengths	Opportunities
Weakness	Threats



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11) Why are you applying to this Trainer Capacity Building Program (objectives)? What are your expectations from the training?

Objectives:

Expectations:

12) Any other relevant information:
