

**2019 PROGRAMME**

**APPLICATION FORM**

**Last Name / Surname / Family Name:**

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**Full Name as Appears on Passport:**

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**Name of Country:**

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**Issuing Country of Passport:**

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**Title:** Mr / Mrs / Miss / Ms / Dr/Other

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**Preferred First Name:**

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**Gender:**  Male / Female

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**Date of Birth:**

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**Organisation Name:**

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**Job Title:**

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**Position in Organisation:**

Please set out, or attach an organisational chart showing your position in your organisation, including the title of the person to whom you report and how many people report to you**:**

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**Work Address:**

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**Work Telephone Number:**

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**Mobile Phone Number:**

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**Work Email Address:**

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**Personal Email Address:**

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**Fax Number:**

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**RESPONSIBILITIES**

**Clearly describe your own responsibilities within your organisation**

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**CHALLENGE/PROBLEM TO BE ADDRESSED DURING PROGRAMME**

Clearly describe the challenge/problem you wish to work on during the programme.

**(VERY IMPORTANT: This is a key factor in the selection process)**

**Please set out in the box below a work related challenge that you are facing and which you wish to work on during the SCFMP and upon your return to work.**

*The challenges will be transferred to posters and each participant will explain and present their challenge to all other participants.*

*An illustrative challenge is set out at the end of this application form to assist you in formulating and presenting your challenge. This format is chosen deliberately to assist you to focus precisely on the nature and objectives of your work related challenge.*

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| **Ultimate goal of your challenge – defined in one sentence**  **Nature and objectives of the challenge – defined in one sentence, with a maximum of 5 bullet points**  **Key Stakeholders – as bullet points**  **Strengths and/or advantages – as bullet points**  **Obstacles and/or sticking points – as bullet points**  **What will challenge you personally?**  **What will success look like in 12 months time?**  **Key Facts about your country** |

**QUALIFICATIONS**

**Professional/academic qualifications and other relevant training and development:**

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**ADDITIONAL INFORMATION**

**Any other information you would like to provide in support of your application:**

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**Have you applied for a previous year’s SCFMP:** Yes / No

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**If Yes, please state which year:**

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**Confirmation that Head of Organisation has endorsed my application. Please obtain such endorsement prior to applying.**

*Should you be invited to attend the Programme, we may seek written confirmation from your Head of Organisation endorsing your application*

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| **Name of Head of Organisation:**  **Email address of Head of Organisation:**  **Confirmation:** |

**I confirm that I am proficient in both spoken and written English:**

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**I confirm that I will be able to attend the full duration of the programme from the 1st July to 12th July 2019 (including participating on both weekend days):**

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**I confirm that I will obtain (or my Government will provide) necessary health and travel insurance for my travel to/from and during my time in the Isle of Man and Oxford.**

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**I understand that my participation in the programme will be fully funded by the SCFMC, but if I withdraw from the programme after flight tickets have been issued, my government may be liable for the air fare:**

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**If my application is successful I confirm that :**

**I will identify immediately if I require an entry visa to the United Kingdom/Isle of Man and/or a transit vise en route,**

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**if such a visa or visas are required, I will apply for such visas, at my own expense, within two weeks of receiving a formal offer letter from the SCFMC and forward evidence of such application to the SCFMC’s Programme Manager,**

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**if my passport is due to expire before the end of February 2020 I will apply for a renewal of my passport within two weeks of receiving a formal offer letter to ensure I have a valid passport for travelling to the United Kingdom/Isle of Man for the SCFMP.**

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**PLEASE NOTE: THIS FINAL SECTION ONLY NEEDS TO BE COMPLETED IF YOUR COUNTRY HAS NOT PREVIOUSLY BEEN REPRESENTED ON THE PROGRAMME. DETAILS OF ALL COUNTRIES WHICH HAVE PREVIOUSLY ATTENDED ARE SET OUT ON THE WEBSITE AT** [**www.scfmc.im**](http://www.scfmc.im)

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| **COUNTRY**  **Name of Country:**   |  | | --- | |  |   **Population:**   |  | | --- | |  |   **Please describe briefly the main characteristics of your country’s economy:**   |  | | --- | |  | |

**Submission of Application**

**Submit the completed Application Form as a Word document to**

**Mark Shimmin at** [**mark.shimmin@scfmc.im**](mailto:mark.shimmin@scfmc.im)

**With a copy to Elaine Moretta, our Programme Manager at** [**elaine.moretta@scfmc.im**](mailto:elaine.moretta@scfmc.im)

**If you have any problems completing the Application Form, please contact Elaine Moretta explaining the nature of the problem.**

**Upon submission of your application, you will receive an acknowledgement from Elaine Moretta within a couple of days of submitting your application. If you do not receive an acknowledgement within three working days of submission, please contact** [**Elaine**](mailto:elaine.moretta@scfmc.im) **to confirm receipt of your application.**

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