



PRELIMINARY APPLICATION FORM

SLE-ADS

(Please fill out this form in English)

1. PERSONAL DATA

Surname: .....First names: .....M/F: .....

Home Address:.....

Home Tel N°: ..... Mobile phone N°: ..... Work Tel N°: .....

Fax N°: ..... Email address: .....

Will you be less than 50 years of age at the date of application? .....Date of Birth: .....

2. WORK EXPERIENCE

Name of employer: ..... Present position held: .....

Public sector [ ] Private sector [ ] Civil Society [ ]

Address & Location of employment (State, District, or Town): .....

.....

Do you have a minimum of two years post-graduation work experience since attainment of your first tertiary qualification? [ ] ...

If yes, give details: .....

.....

3. EDUCATION/TRAINING BACKGROUND

Do you already hold or are you currently studying a Masters qualification? .....

Do you possess a Bachelors Degree of three years duration or longer? [ ] .. If yes, please provide details below:

Bachelors Degree [ ] Other equivalent international qualification recognised by the Sierra Leone Government [ ]

Institution(s) where graduated? (Name of country where relevant) .....

Year of graduation: ..... Final score achieved: ..... Length of degree (years): .....

Name of degree and discipline / specialisation: .....

Proposed course of study in Australia: .....

4. CHECKLIST OF ATTACHMENTS TO BE SUBMITTED WITH THIS APPLICATION

- [ ] Current Curriculum Vitae [ ] Certified copy of tertiary degrees and transcripts [ ] certified copy of identity document
[ ] Reintegration Plan (if it is not possible for your reintegration plan to be signed by your employer as part of the preliminary application, your employer must do so prior to the offer of a scholarship)

(Signature)

(Date)

5. ENDORSEMENT OF DEPARTMENT HEAD

(Signature)

(Name and Position)

(Date)

Please email the following details to application@adsafrica.org as proof of submission of your preliminary application: full name; country of residence; contact phone number; email address; date of submission of application; agency to whom application was submitted. Please include the code AGR-ADS in the email subject line.



## ATTACHMENT 1. REINTEGRATION PLAN

i. Name of Applicant: \_\_\_\_\_

ii. Name of Employer: \_\_\_\_\_

iii. Current Position of Applicant: \_\_\_\_\_

iv. Award and field of study applied for: \_\_\_\_\_

### QUESTION 1: GENERAL EXPECTATIONS

**1 a. [CANDIDATE]** Please explain why you expect the completion of this award to give you greater opportunities to contribute to relevant activities in your workplace (**Response must be no less than 200 words, but no more than 400 words**):

**1 b. [EMPLOYER]** Please explain why you expect the completion of this award by the above employee to give your organisation greater opportunities to contribute to relevant development activities (***Response must be no less than 200 words, but no more than 400 words***):



**SIGN-OFF**

We the undersigned, declare the information provided above to be a true and accurate representation of our respective intents:

Applicant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Employer Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date