**Capacity building on the demonstration of the “Transfer of Environmentally Sound Technology (TEST)” methodology**

**Call for Applications of for Service Providers, Consultants, and Professionals**

**APPLICATION FORM**

1. **General information**

|  |  |
| --- | --- |
| **Name** | Ms. Or Mr. Name-Family Name |
| **Nationality** |  |
| **Telephone number** |  |
| **Email**  |  |
| **Day of birth**  | dd/mm/yyyy |
| **Academic profile**  | Bachelor degree, Master’s degree, or higher. |
| **Current job (mark with X)** | 1. I work in a company:
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 | 1. I work as freelance consultant
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| **If a), please indicate the company you are affiliated to.** | Name: |  | Type: |  |
| **If a), please indicate the name and contact of your supervisor** | Name and position |  |
| Email and phone number |  |
| **Total No. of years of working experience** |  |
| **No. of years working with manufacturing companies (if any)** |  |

1. **In which of the following areas have you had working experience? (Select with X)**

|  |  |  |  |
| --- | --- | --- | --- |
| Resource efficient and cleaner production (RECP) |  | Energy efficiency applied to industry (EEaI) |  |
| Environmental management systems (EMS) |  | Energy efficiency applied to commercial establishments (EEaC) |  |
| Energy management systems (EnMS) |  | Environmental audits (EA) |  |
| PV systems design and installation (PVSDI) |  | Environmental inspections (EnI) |  |

1. **Please provide references of companies where you have worked before for any of the areas marked above, either as external service provider or internal staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client company** | **Area of service you provided or were involved with.** **(Please use the classification provided in II)** | **Activity conducted** | **Contact person / position** | **Telephone number** |
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1. **Have you ever received a training or post graduated certificate related to RECP, EMS, EnM or Energy Efficiency? If yes, please indicate the training name, institution delivering the training and date.**

|  |  |
| --- | --- |
| Training name: |  |
| Institution: |  |
| Date:  |  |

1. **Languages**

|  |  |
| --- | --- |
| **Language** | **Select proficiency level:****1-elementary; 2-limited working proficiency, 3-professional working proficiency, 4-Full professional proficiency, 5-Native speaker** |
| **Speaking** | **Written** | **Reading** |
| **Arabic** |  |  |  |
| **English** |  |  |  |
| **Other?**  |  |  |  |

1. **Please indicate your software skills:**

|  |  |
| --- | --- |
| **Software skills** | **Proficiency level:****1-Low, 2-Medium, 3-High** |
| **Microsoft office (Word.doc, Excel, PowerPoint)** |  |
| **Others:**  |  |