



Data Privacy Consent for Applicants & Participants of IIE-Managed Programs

IIE values your privacy, and we encourage you to read our [Program Privacy Statement](https://www.iie.org/Learn/Privacy) that is located on the Privacy page of IIE's website (<https://www.iie.org/Learn/Privacy>).

As this notice is intended for all applicants and participants of IIE-managed programs, the Program Privacy Statement outlines how IIE handles your data and includes the types of data we process, why we process it and with whom we share it.

Please note that IIE may be required to process data that is generally considered to be sensitive. IIE only processes this information when it is necessary to execute the management of your application or program. Please review the "*What Types of Sensitive Personal Data Do We Process?*" section of the Program Privacy Statement for more details.

I have read IIE's Program Privacy Statement and give consent for IIE to process my data.

Date:

Name:

Signature:



**Leveraging Leadership in Ethiopia
Accelerator Program
Institute of International Education
2020**

Supported by the David and Lucile Packard Foundation

LLEAP APPLICATION FORM



Fill out the application form completely. Please type if possible. Place an X mark when answering information preceded by a box and none or N/A if not applicable.

| | |
|---|---|
| <p>1. Full Name:</p> <p><input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Initial: _____</p> | <p>2. Permanent/Home Address:</p> <p>Woreda: _____</p> <p>Town/Zone: _____</p> <p>Region: _____</p> <p>3. Contact Information</p> <p>Mobile: _____</p> <p>E-Mail Address: _____</p> |
| <p>4. Date of Birth: _____ (month, day, year)</p> <p>5. Place of Birth: _____</p> | <p>6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> |
| <p>7. Professional Affiliation:</p> <p><input type="checkbox"/> Local NGO <input type="checkbox"/> Intrn'l NGO <input type="checkbox"/> Private Sector</p> <p><input type="checkbox"/> Government <input type="checkbox"/> Academia</p> <p><input type="checkbox"/> Media <input type="checkbox"/> Other</p> | <p>8. Current Organization's Name and Address:</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>Organization Telephone: _____</p> <p>E-Mail Address: _____</p> |
| <p>9. Professional Background: Please provide information about your current job and previous employment as indicated below. Please attach your CV and organizational/program information. Start with current position.</p> | |
| <p>9A. Current Position</p> <p>Position Title: _____</p> | <p>Beginning Date: _____</p> |

Position Description: Please briefly describe your role and primary areas of responsibility.

9B. Previous Employment within the Past Five Years:

Dates: From: _____ To: _____

Position Title: _____

Institution/Organization: _____

Primary Responsibilities: _____

Focus Area: _____

Dates: From: _____ To: _____

Position Title: _____

Institution/Organization: _____

Primary Responsibilities: _____

Focus Area: _____

10. Education: List Educational Institutions Attended, including Secondary School. Start with the latest.

| Name of Institution | Major Field(s) Of Study | Dates of Attendance (year) | | Name of Degree/Certificate |
|---------------------|----------------------------|----------------------------|----|----------------------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

11. Languages: Please indicate below languages in which you are proficient

| Language | Speaking | | | Reading | | | Writing | | | Comprehension | | |
|----------|----------|------|------|---------|------|------|---------|------|------|---------------|------|------|
| | Excel | Good | Fair | Excel | Good | Fair | Excl. | Good | Fair | Excel | Good | Fair |
| English | | | | | | | | | | | | |
| Amharic | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

12A. Additional Training Courses Attended within the Last Five Years (related to SRHR, Management and/or Leadership):

Institution: _____

Name of Course/Seminar: _____

Dates Attended: _____

Leadership and/or SRHR knowledge/skills acquired: _____

12B. Additional Training Courses Attended within the Last Five Years (related to SRHR, management and/or leadership training):

Institution: _____

Name of Course/Seminar: _____

Dates Attended: _____

Leadership and/or reproductive health knowledge/skills acquired: _____

Program Information

13. Describe your professional experience, greatest involvement in the fields of SRHR.

14. Describe your most important professional achievements related to SRHR - Leadership.

15. List professional networks, if any, in which you participate or have participated and your role in each.

16. Leadership Development Plan: This is a self-assessment of your knowledge about leadership and areas of development that you think should be strengthened to make you a strong leader in the field of SRHR.

Describe briefly:

a) **How do you define leadership?**

b) What are the qualities, skills, and behaviors that good leaders embody?"

c) Please describe a time when you participated in a collaborative project with others. It could be work related, an academic project, or a personal project where you had to work with a diverse group of people. Describe the project, the people involved and your role. What was your key learning from the experience?

d) Describe what type of leadership skills you would like to strengthen.

e) **Where you see yourself professionally five years from now?**

f) **How you would use the LLEAP Fellowship to achieve this five-year objective. Please be as specific as possible.**

17. How did you find out about the LLEAP?

- Notice Board Website Colleague IIE My Organization
- Other Specify _____

18. Professional References: Please list three people (supervisors, advisers) who can provide professional references on your behalf.

| | |
|---|--|
| A. Name: _____ Professional Relationship: _____ Office Address: _____ | Position: _____ Institution: _____ Telephone: _____ E-mail: _____ |
| B. Name: _____ Professional Relationship: _____ Office Address: _____ | Position: _____ Institution: _____ Telephone: _____ E-mail: _____ |

| | |
|--|--|
| C. Name: _____ Professional Relationship: _____ Office Address: _____ | Position: _____ Institution: _____ Telephone: _____ E-mail: _____ |
| 19. Support Letter Please attaché your letter of support from your organization. | |
| 20. Who should be notified in case of an emergency? | |
| Name: _____ Relationship: _____ | Address: _____ Telephone: _____ |
| I agree that, if selected for this fellowship, I am willing and able to participate fully and commit to attend all Learning Sessions and Activities over the course of the Fellowship year. By signing this application, I declare that the information provided is accurate and agree to provide additional information if there are any changes or modifications with respect to the LLEAP. I also authorize the Institute of International Education to carry out whatever steps are necessary to verify the information provided in this application. | |
| Print Name: | |
| Signature: | Date: |