**Work Application for the Sudan Volunteer Programme (Coordinator/Orientation Assistant Position)**

**\*\*\*\*\*\*\*Please note that these roles are only open for Sudanese nationals living in Khartoum who are able to secure their own accommodation.\*\*\*\*\*\*\***

Please answer all the questions on the form as fully as possible.

After opening this document, please **SAVE AS** (in the FILE menu) putting your name as the title of the document e.g. David Wolton.doc

Write your answers in lowercase and not in bold type. Please provide detailed responses.

When completed, save the application and attach the document to an email to david@svp-uk.org

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| **Preferred Name:** | **FULL NAME:** | |
| **PRESENT ADDRESS (As much detail as possible).** | | |
| **PERMANENT ADDRESS (As much detail as possible, including country.)** | | |
| **PHONE:**  **EMAIL:**  **SKYPE:** | **DATE of BIRTH (day/month/year):** | **PLACE OF BIRTH:** |
| **SEX:** | **NATIONALITY:** | **MARITAL STATUS:** |
| **NATIONAL ID NUMBER:** | | |
| **PASSPORT NUMBER:** | | |
| **WHAT ARE THE DATES WHEN YOU WILL BE AVAILABLE FOR WORK FOR SVP?** | | |
| **START DATE (day/month/year)** | **END DATE (day/month/ year)** | **LENGTH OF COMMITMENT** |

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| **RELEVANT INFORMATION** |
| **PLEASE GIVE DETAILS OF ALL WORK EXPERIENCE, PAID AND UNPAID.** |
| **DO YOU HAVE MAJOR COMMITMENTS (FAMILY, STUDY, AND WORK) THAT WILL AFFECT YOUR ABILITY TO WORK FOR SVP? If yes, describe these)** |
| **EDUCATION** |
| **WHAT IS YOUR HIGHEST FORMAL QUALIFICATION (If Degree, which major)?** |
| **EXAMINATIONS PASSED (SUBJECTS STUDIED IN COLLEGE)** |
| **FURTHER EDUCATION (SPECIFY COLLEGE/UNIVERSITY/ INSTITUTE & SUBJECTS)** |
| **LANGUAGES** |
| **WHAT IS YOUR MOTHER TONGUE- I.E. THE LANGUAGE OF YOUR CHILDHOOD?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DO YOU SPEAK BOTH ARABIC AND ENGLISH\_\_\_\_\_\_\_\_\_\_\_**  **DO YOU SPEAK ANY OTHER LANGUAGES (if yes, which)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **GENERAL** |
| **DO YOU HAVE ANY PRACTICAL SKILLS (e.g. sports, craft, drawing, music)?** |
| **WHAT ARE YOUR SPARE TIME ACTIVITIES AND HOBBIES?** |
| **HOW DID HEAR ABOUT SVP?** |
| **DO YOU HAVE FRIENDSHIPS OR WORK ASSOCIATIONS WITH CURRENT OR FORMER VOLUNTEERS? PLEASE NAME AND DESCRIBE** |
| **DO YOU HAVE ANY OTHER EDUCATIONAL OR WORK EXPERIENCES YOU FEEL WILL ASSIST IN A POSITION WITH SVP?** |
| **HAVE YOU BEEN ABROAD BEFORE? GIVE DATES AND LOCATIONS.** |
| **HOW WOULD YOU DESCRIBE YOUR HEALTH?** |
| **DO YOU HAVE ANY DISABILITIES THAT MIGHT AFFECT YOUR WORK WITH SVP? (if yes, describe)** |
| **HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE?** (If yes, please give details) |
| **ARE YOU APPLYING FOR OR INTENDING TO LEAVE SUDAN FOR STUDY OR WORK PURPOSES?** |
| **WHAT DO YOU HOPE TO GAIN FROM WORKING WITH SVP?** |
| **DO YOU HAVE EXPERIENCE WORKING OR STUDYING WITH PEOPLE WHO MAY HAVE DIFFERENT CULTURE TO YOUR OWN? DESCRIBE.** |
| **DESCRIBE A SITUATION WHERE YOU HAVE HAD TO ACT ON YOUR OWN INITIATIVE.** |
| **DESCRIBE ANY POSITIONS OF RESPONSIBILITY YOU HAVE BEEN HELD.** |
| **WHAT PERSONAL QUALITIES DO YOU THINK ARE REQUIRED TO WORK WITH SVP?** |
| **CAN YOU COMMIT TO THE FOLLOWING:**   1. **Airport pickups (Often at 1am – 4am)** 2. **Travel to out of town placements** 3. **Visa weekday processing (early mornings)** 4. **24 hour calls in the case of volunteer emergencies?**   **WRITE YES OR NO HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TO WORK IN ANY CAPACITY WITH SVP YOU MUST AGREE TO THE FOLLOWING:**   1. **not form or attempt to form any intimate relationships with volunteers** 2. **to respect the cultural norms or behavior of volunteers** 3. **to not encourage or introduce volunteers to activities that are illegal in Sudan.** 4. **to hold all information about SVP the organization, finances and personal information about volunteers in full confidentiality.** 5. **not to act in any way that brings SVP into disrepute**   **WRITE YES IF YOU AGREE TO ALL THE ABOVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **REFEREES** |
| Please give the names & addresses, phone numbers and email addresses of two responsible people who have agreed to act as referees for you, stating your relationship to each. Referees should not be relatives or simply neighbours: if you are a student at least one should be your school or academic supervisor.  Please do not forward references. |
| **REFEREE 1**  **NAME:**  **POSITION:**  **ADDRESS:**  **PHONE: (hm) (cell) (work)**  **EMAIL**: |
| **REFEREE 2**  **NAME:**  **POSITION:**  **ADDRESS:**  **PHONE: (hm) (cell) (work)**  **EMAIL:** |

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| **NAME\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please return this form by email.** Signing & sending this form does not commit you to accept an invitation to work with SVP.