**Adenauer Young Leaders Program**

Application Form

**Data Privacy**

*Registration for our events*

KAS Philippines allows applicants to register for events by providing their data. During the registration, the data is entered into an online registration form and transmitted to KAS Philippines.

The categories of personal data include your master data (such as first name, surname, address, and email address.) The form will also process data such as date of birth, telephone number, and professional affiliation.

KAS Philippines shall not disclose applicants' personal information without their prior consent.

Please read KAS notes on data protection here:[**Notes on Data Protection**](https://www.kas.de/en/notes-on-data-protection)**.**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  *(Include extension, e.g., Jr., Sr.)* |  | | |
| Middle Name |  | | |
| Last Name |  | | |
| Date of Birth  *(e.g., 01 Jan 1996)* |  | Age |  |
| Civil Status | Single  Married  Others | Gender | Female  Male  Prefer not to say  Others |
| Preferred Pronoun |  |  |  |

**Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email Address |  | | | |
| Telephone  Number  *(Include local area code)* |  | | Mobile Number |  |
| Current Address |  | | | |
| Permanent Address |  | | | |
| In case of emergency, please notify: | Name |  | | |
| Relationship |  | | |
| Contact number |  | | |

**Special Needs**

|  |  |  |
| --- | --- | --- |
| Do you have special needs?  Yes  No | If **YES**, please specify. | This is intended to provide the necessary support for applicants who have special needs. In this case, please provide the necessary information if you need special support, e.g., emotional disturbance, hearing impairment, learning disability, medical condition/unseen disability, mobility impairment, orthopaedic impairment, speech impairment, and visual impairment. |

**Language Proficiency**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **English Language** | | | |  | **Filipino Language** | | | |
|  | Very Good | Good | Fair |  |  | Very Good | Good | Fair |
| Reading |  |  |  |  | Reading |  |  |  |
| Writing |  |  |  |  | Writing |  |  |  |
| Speaking |  |  |  |  | Speaking |  |  |  |

**Educational Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level** | **School/ Institution** | **Period** | | **Degree Obtained**  *(Diploma, Certificate, Bachelor’s/Master’s/Doctorate Degree, Units Earned, etc.)* |
| **From**  *(YYYY)* | **To**  *(YYYY)* |
| Elementary |  |  |  |  |
| Secondary |  |  |  |  |
| College/ University |  |  |  |  |
| Vocational Course |  |  |  |  |
| Graduate |  |  |  |  |
| Post-Graduate |  |  |  |  |

**Certification and Training**

Please provide your certification or training. You can prioritize based on its relevance to the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Title of Certification/ Training Program** | **Conducted By** | **Inclusive Dates** | |
| **From**  *(DD MMM YYYY)* | **To**  *(DD MMM YYYY)* |
|  |  |  |  |
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**Membership in Organization**

Please provide your organizations here. You can prioritize which membership to provide based on its relevance to the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization** | **Position** | **Membership Period** | |
| **From**  *(MMM YYYY)* | **To**  *(MMM YYYY)* |
|  |  |  |  |
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**Work Experience**

Please provide here your work experiences. You can prioritize the most recent work experiences.

**For the type of organization**, please identify whether (1) academe, (2) civil society organization, (3) government, (4) non-government organization, (5) people’s organization, (6) political party, (7) private/for profit organization, and (8) self-employed. If others, please identify them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization/Company** | **Position** | **Type of Organization\*** | **Working Period** | |
| **From**  *(MMM YYYY)* | **To**  *(MMM YYYY)* |
|  |  |  |  |  |
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**Program Management Experience**

|  |  |  |
| --- | --- | --- |
| Program Management Experience | Great program management experience  With working program management experience  Limited program management experience  No program management experience at all | To allow us to balance fellows with or without experience, we hope to get your self-rating of your program management experience. |

**Other Leadership Program/s**

|  |  |  |
| --- | --- | --- |
| Are you currently a fellow/participant of a leadership program? | Yes  No | If **YES**, please indicate which leadership program/s you are currently participating and the inclusive dates of the program. |

**References**

Please provide two (2) references who can vouch for your application. One (1) should be your superior (may or may not be immediate/direct) in work or a professor in your university, and one (1) should be a personal contact. Upload the recommendation letters in the Google form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Contact Number** | **Position and Organization** |
|  |  |  |  |
|  |  |  |  |

**Motivation Letter**

The letter must answer the following question, ***"How would you utilize the knowledge, skills, and experiences you will gain from the leadership program to develop your organization, community, or group? Cite how the leadership program will be relevant to your work and how participation can add value to your experience."***

Please limit your response to two pages.

Type your motivation here.

**Declaration**

I declare that all the information provided in this application form is accurate. The AYLP selection committee can reject my application if it contains false information.

I agree that the AYLP selection committee will only process the data entered into the application form for AYLP-related activities and will not disclose personal information without obtaining my consent.



Full Name:

Date Signed:

*(Applicant’s e-signature over printed name)*