

## **APPLICATION for participation in the Open World SERBIA 2017 Program**

 Nominating Organization:

# I. Instructions for CANDIDATES

The application consists of 13 pages. Page 2 is to be completed by the nominating organization. Pages 3-11 are to be completed by the nominating organization’s candidate in block letters. Please return the completed application **in MSWord format** to Dragana Obradovic (obradovicd@state.gov). **Include signed and scanned copies of the final three signature pages with your completed application.**

# The Open World Program is the largest U.S. government exchange in the legislative branch of government and is funded by the U.S. Congress. No payment is needed for processing the application or visa. The program will provide the participant with international airfare, as well as meals, transportation, and lodging within the United States.

 **Application Instructions:**

1. The application should be completed electronically. PLEASE ANSWER ALL QUESTIONS. If you are unable to answer a question, please enter “not applicable” or a dash.
2. All telephone numbers are to be given with area codes assuming that you will be receiving calls from Serbia and/or America.
3. The contact address should be a permanent, reliable one, either for home, work, or relatives where delivery is guaranteed
4. All dates are to be given in the order: day/month/year.
5. It is important that you include all information regarding your passport, and to provide a photocopy of the passport information. The lack of a passport may affect your selection for the program if there are strict time restraints. If you will be getting a new passport, please provide us with the new information as soon as possible.
6. In describing your primary employment, please describe your organization and your duties and responsibilities.
7. PLEASE DO NOT ABBREVIATE.
8. Do tell us if you have ever visited the United States before.
9. Your answer on page 11 regarding your program goals is very important in the selection process and in tailoring the program to your needs and interests.
10. You may find additional information about the Open World Program in English on our website: [www.openworld.gov](http://www.open-world2002.gov)



## **APPLICATION for participation in the 2016 Program**

 Nominating Organization:

**To be completed by the NOMINATING ORGANIZATION**

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| **Full Name: (nominator)** |  |
| **Place of work/position:** |  |
| **From whom did you receive this application form?** |  |
| **Your telephone number:** |  | **Additional phone number:** |  |
| **Fax number:** |  | **Email address:** |  |
| **I nominate the following person (full name):** |  |
| **Recommendation.** Your recommendation is required by the selection committee in order to understand your position as the nominator. Explain why, in your view, the applicant should take part in the Open World Program.Please write about the achievements of your applicant in his/her professional activities, relating to the theme of the program. The recommendation can be written in Serbian or English. |

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**Signature of Nominator Date**

**Theme:**

**[ ]  Higher Education System in the U.S.**

**[ ]  Food Security and Food Safety**

**To be completed by the APPLICANT**

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| **Last Name:** |  |
| **First and Middle Name:** |  |
| **Date of Birth:** | **Day** |  |  | **Month** |  |  | **Year** |  |  |  |  |
| **IDENTIFICATION CARD INFORMATION** |
| **ID Card No.:** |  |
| **Issued by:** |  |

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| **1. PLACE OF PERMANENT RESIDENCE (AS INDICATED IN PASSPORT)** |
| **City/Town/Municipality:** |  | **Region:** |  | **Code:** |  |
|  **Street Address:** |  |

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| **2. CONTACT MAILING ADDRESS** |
| **City/Town/Municipality:** |  | **Region:** |  | **Code:** |  |
| **Street Address:** |  |
| **Name of Contact, Company, Organization:** |  |

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| **3. CONTACT INFORMATION** |
| **Home Telephone No. (with area code):** |  | **SKYPE:** |  |
| **Cell Phone No. (with area code):** |  | **Other Number:** |  |
| **E-mail Address No. 1:** |  | **E-mail Address No. 2:**  |  |

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| **4. ADDITIONAL PASSPORT INFORMATION*****(Please include a photocopy of your passport.)*** |
| **Last name and First Name as it appears in the Passport in Latin script:** |   | **Gender:**  [ ]  М [ ]  F  |
| **Passport No.:** | **Ser.** |  | **№** |  | **Expiration Date:**  |  |
| **Citizenship:** [ ]  Serbian [ ]  Other (please explain) |
| **Are you a resident of another country?** |
| PLACE OF BIRTH AS IT APPEARS IN YOUR PASSPORT |
| **Place of Birth:**  | **Country of Birth:** |
| **Please list other surnames used (for example: maiden name)** | **Marital Status:**[ ]  single[ ]  married[ ]  divorced[ ]  widowed |

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| **5. Primary occupation, starting with current position*****(Please do not use abbreviations)*** |
| **Work Tel. 1:****(city code/number)** |  | **Work Tel. 2:****(city code/number)** |  |
| **A) *Present Occupation*** |
| **Starting Date – (month/year) - Present** |
| **Name of organization:** | **Position and responsibilities:** |
| **Your Employer’s Website Address:** |  |
|  |  |
| **B) *Previous place of work***  |
| **Starting Date: (month/year)– Termination Date – ( month/year):** |
| **Name of organization:** | **Position and responsibilities:** |
| **) C) *Previous place of work*** |
| **Starting Date: (month/year)– Termination Date – ( month/year):** |
| **Name of organization:** | **Position:** |

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| **6. Information about Current Professional Activity for which you were Nominated for the Open World Program**  ***(The questions below are included in order to obtain more detailed information about your professional activities and will help the local host organization d program content for your stay in the US.)*** |
| **Give a short (1 sentence) description of your professional activity (primary or additional), for which you were nominated for the Open World Program:** |
| **Position of your direct supervisor:**  |
| Type of organization - *please choose one from the following categories A through H and provide additional information as requested:* |
| [ ]  Governmental body (non-legislative). Please indicate the level: [ ]  National Is this an elected position?[ ]  Regional [ ]  Yes[ ]  Local [ ]  No |
| [ ]  Governmental body (legislative branch): Please indicate the level:[ ]  National Is this an elected position?[ ]  Regional [ ]  Yes[ ]  Local [ ]  No |
| 1. [ ]  **Governmental agency/enterprise**
 |
| 1. [ ]  **Non-governmental and public organizations. Please specify area of activity:**
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| 1. [ ]  **Educational Institution**

[ ]  Secondary educational institution[ ]  Institution of higher education[ ]  Other (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Specialization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 1. [ ]  **Healthcare Institution**

*Note one of two:*[ ]  out-patient clinic[ ]  in-patient clinic*Note one of three:*[ ]  Commercial enterprise[ ]  Partially privatized enterprise[ ]  Public enterprise |
| 1. [ ]  **Private enterprise**

*Please specify the field:* |
| [ ]  **Other***Please specify:* |

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| **How many people work in your organization?**[ ]  Less than 10 [ ]  11-20 [ ]  21-50 [ ]  51-100 [ ]  Over 100 |
| **How many subordinates do you have?**[ ]  Less than 10 [ ]  11-20 [ ]  21-50 [ ]  51-100 [ ]  Over 100 |
| In case you have a supervisor, how many subordinates does he/she have?[ ]  Less than 10 [ ]  11-20 [ ]  21-50 [ ]  51-100 [ ]  Over 100 |
| In case you have a supervisor, how many supervisors does he/she have?[ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  Over 3 |
| **How long have you been working in this organization?**[ ]  less than 1 year [ ]  1 to 5 years [ ]  6 to10 years [ ]  Over 10 years |
| **Please indicate the activities that are part of your main duties at work:** |
| [ ]  Artist[ ]  Attend political party meetings[ ]  Conduct economic development activities[ ]  Conduct international work[ ]  Conduct long-term planning/forecasting[ ]  Conduct needs assessments[ ]  Conduct training of staff or clients[ ]  Coordinate activities of multiple organizations[ ]  Develop or implement industry or organization standards[ ]  Engage in sales activities[ ]  Give interviews[ ]  Journalist[ ]  Lobby government officials or legislators[ ]  Make public appearances[ ]  Manager in the field of arts[ ]  Perform data analysis[ ]  Perform financial or operational audits[ ]  Plan private industry production and distribution[ ]  Provide information to the public[ ]  Provide social/human services[ ]  Respond to public inquiries[ ]  Serve on a board of directors[ ]  Teach university students[ ]  Work in media[ ]  Work with databases[ ]  Work with public safety/emergency issues[ ]  Other (specify) | [ ]  Attend meetings with govt. officials[ ]  Civil servant[ ]  Conduct fundraising activities[ ]  Conduct interviews[ ]  Conduct marketing/advertising activities[ ]  Conduct research[ ]  Conduct urban or regional economic planning activities[ ]  Coordinate or manage human resources[ ]  Draft legislation or policy statements[ ]  Gather and/or analyze public opinion[ ]  Give lectures[ ]  Land use planning[ ]  Make government/public policy decisions[ ]  Manage government organization[ ]  Meet with constituents [ ]  Perform evaluations of projects or work performed[ ]  Plan and/or monitor finances or budgets[ ]  Prepare economic analyses[ ]  Provide medical or health care services[ ]  Represent clients in legal matters[ ]  Serve as judge or judicial official[ ]  Teach school students[ ]  Work as activist or advocate on social issues[ ]  Work on an election campaign[ ]  Work with information technology[ ]  Write articles/press releases/reports/speeches |

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| **7. CURRENT CIVIC ACTIVITIES** ***(for example: judicial council, school council, civic organization, etc. Do not abbreviate.)*** |
| **Name of organization:** | **Responsibilities:** | **Start date (month/year):** | **Number of hours per month:** | **Is this a volunteer position unrelated to your primary work?** |
| **1.** |  |  |  | **[ ]**  Yes**[ ]** No |
| **2.** |  |  |  | **[ ]**  Yes**[ ]** No |

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| **8. CURRENT WORK AS TEACHER/TRAINER*****(not to be completed if your primary work is teaching or training)*** |
| **Name of organization:** | **Responsibilities:** | **Start date (month/year):** | **Number of hours per month:**  | **Is this a volunteer position unrelated to your primary work?** |
| **1.** |  |  |  | **[ ]**  Yes**[ ]** No |
| **2.** |  |  |  | **[ ]**  Yes**[ ]** No |

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| **9. CURRENT POLITICAL ACTIVITIES*****(Please do not abbreviate.)*** |
| **Name of political party/movement:** | **Responsibility:** | **Start date (month/year):**  | **Number of hours per month:** | **Is this a volunteer position unrelated to your primary work?** |
|  |  |  |  | **[ ]**  Yes**[ ]** No |

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| **10. ADDITIONAL LEGISLATIVE POSITIONS*****Please indicate any position you have held in a legislative body, beginning with the most current position, which is not related to your current primary position. Do not use abbreviations*** |
| **Level of government in which the you work or worked in a legislative body** | **Position Title:** | **Starting date****(month/year)** | **End date****(month/year)** | **Was this an elected position?** |
| **[ ]**  National**[ ]** Regional[ ]  Local/Municipal |  |  |  | **[ ]**  Yes**[ ]** No |
| **[ ]**  National**[ ]** Regional**[ ]** Local/Municipal |  |  |  | **[ ]**  Yes**[ ]** No |
| **[ ]**  National**[ ]** Regional**[ ]** Local/Municipal |  |  |  | **[ ]**  Yes**[ ]** No |

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| **11. EDUCATION, PUBLICATIONS, GRANTS, and CONFERENCE PRESENTATIONS*****(Please do not abbreviate.)*** |
| Level of Education:[ ]  no high school diploma[ ]  high school diploma[ ]  vocational[ ]  some college[ ]  college/university degree[ ]  graduate/post-graduate degree [ ]  doctorate | **Knowledge of English (This is not a selection criterion. Level of English is used in matching delegates to host families).**[ ]  none[ ]  few words[ ]  basic conversation[ ]  advanced conversation[ ]  fluent  | **Please list the other foreign languages that you do speak:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of university and your major subject/degree:** | **A** |
| **Name of institution of higher learning that you attended for 2 years or more and major subject:** |  |
| **List your last three publications (books, articles, radio or TV interviews):** | **Place of publication, publisher, name of media outlet:** | **Date of publication or broadcast:** |
| 1.  |  |  |
| 2. |  |  |
| 3. |  |  |
| **General number of publications**: |  |  |
| **Received grants:** **List your top three projects supported by grants** | **Who provided the grant?** | **Amount in US dollars:** | Year grant received: |
| 1.  |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Conference presentations:****Conference theme** | **Country** | **Topic of presentation** | **Name of conference organizer** | **Year** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| Awards, certificates, honors: | **Name** | **Year** |
| 1. |  |  |
| 2. |  |  |
| 3.  |  |  |
| 13. PERSONAL INFORMATION*(Please do not abbreviate.)* |
| **Last name/First name/Middle name of emergency contact:** | **Emergency contact telephone number in Serbia:** |
| **Religion (optional question):** | **Would you object to attending religious services if attendance is a custom of your host family?**  **[ ]  Yes, I would object [ ]  No, I would not object** |
| **Are you a smoker**? **[ ]  Yes [ ]  No** |
| Are you a vegetarian? Is there any food you avoid? If so, please specify. If you suffer from any food allergy/food intolerance, list the products that trigger your allergic reaction. Do you have any other dietary restrictions? If so, please specify. |
| Are you allergic to any pets or domestic animals and would they be an obstacle to your staying with a host family. If so, please specify: |
| **Medical information about your physical health. This information will not affect the outcome of the selection process. Please describe any physical restrictions, allergies, or other conditions you have, including those requiring certain medications. This information is confidential and will be used only for the process of finding a host family and in the event of a medical emergency.**  |
| **Full name of your spouse:** |
| **How many children do you have?**[ ] sons, age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  daughters, age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate briefly your interests and hobbies. *(For example: playing guitar, swimming, collecting stamps, etc.)* |

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| 1. INFORMATION ABOUT TRIPS ABROAD

*(Please do not abbreviate.)* |
| **Have you been to the USA before?** [ ]  Yes [ ]  No |
| **If yes, please give dates, type of visa and purpose of travel** |
| From | To | Type/class  | Purpose of travel(tourism, business, conference, education, other) |
| **Month** | **Year** | **Month** | **Year** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **List the countries you visited in the last 10 years:** |
| Name of country |  | Purpose of travel (tourism, business, conference, education, other) |
|  |  |
| **Have you participated in a United States Government sponsored exchange program before?** [ ]  Yes [ ]  No**(if yes, list name of program and dates):**  |

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| **15. JOINT PROJECTS WITH AMERICAN ORGANIZATIONS** |
| Have you participated in a professional or other joint project with American governmental, private, or non-profit organizations?[ ]  **Yes, and I continue to participate**[ ]  **Yes, I have participated in the past**[ ]  **No**If you have answered “yes,” then please describe the project in 2-3 sentences. |

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| 16. ESSAY (not more than 10 sentences)*(Dear Candidate! Your answer will be read by the selection committee and may determine your participation in the program. If selected, the local host coordinator will use this information to tailor the community program for you.)* |
| Please describe the main focus of your professional activity (this may be associated with your primary position or an additional position) for which you were nominated for the Open World Program. What knowledge and experience do you expect to acquire as a result of your participation in the program?  |

I certify that the information provided in this application is authentic. I understand that final approval of my candidacy for the program depends on the availability of and compliance with the conditions of my J-1 visa for participants of exchange programs. In accordance with the terms of the J-1 visa, I promise to return to my home country after finishing the program.

# I am aware that the Open World Program is an exchange program within the legislative branch of the United States government and receives annual funding from the U.S. Congress, and therefore nomination and participation in the program does not imply any financial cost to the participants.

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Signature Date



# Open World Leadership Center Policy on Candidate and Program Participant Information

Candidate and program participant information is essential to the Open World Leadership Center to conduct the program, assess program quality and effectiveness, and to develop new related projects.

The Open World Leadership Center strictly adheres to principles of confidentiality of information received from candidates and program participants, and the information will be used according to the provisions set forth in this document. Key provisions of this document are valid only for the Open World Leadership Center. Other organizations involved in the administration of the program may adhere to this or a similar policy on candidate and program participant information.

 1. Content and means of collecting information

The content of candidate and program participant information consists of facts received in completed applications, interviews, program participation and administration. This information may include personal information such as contact data and data on education, professional experience and employer organization.

The specified information is retained by the Open World Leadership Center in written and electronic formats. Some information, such as contact data, is updated in order for Center representatives to maintain contact with participants. This will allow participants to receive additional information about new programs and projects, and also to evaluate the effectiveness of programs sponsored by the Center.

1. **Use of information**

The information is used:

* In the selection committee’s consideration of candidates to participate in the program
* In selecting an appropriate host family for the participant
* To evaluate the effectiveness of your participation in the program in accordance with rules established by the program
* To alert alumni in a timely manner to upcoming events, programs, and projects in which they are eligible to participate
* When collecting data to assess the effectiveness of programs
* To provide networking opportunities for alumni of all U.S. government sponsored programs
* To provide alumni with opportunities for professional development by sharing their information with non-profit organizations.

Information about individuals, candidates, and program participants may also be used by the Open World Leadership Center, donors or authorized representatives for statistical and evaluative program research. Data analyzed for this purpose may be published only as statistical data. Personal data is not published. The exception is that information is shared with organizations that host for the program and with organizations that provide professional development opportunities, small grants, programs, and events for alumni. Materials provided by participants and alumni directly to the Center may also be published unless the Center is told explicitly not to publish these items.

By signing this document, you are consenting to the collection, use, storage, and dissemination of information about you in accordance with the terms set forth above.

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Signature Last Name, First Name, Middle Name Date

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**Agreement for personal data processing**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 last name, first name

residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 official place of residence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ series\_\_\_\_\_ number \_\_\_\_\_\_\_\_\_\_\_\_ issue date \_\_\_\_\_\_\_\_\_\_\_ ,

 name of the identification document

issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

name of the body that issued the identification document

in consideration of items 9, 10, 11 of the Federal law № 152-FZ d.d. 07.27.2006 (in the wording of subsequent revisions) hereby represent to, and agree with the Embassy of the United States of America in Serbia, further referred to as the “Operator”, to process as part of the Open World program, further referred to as the “Program”, personal data submitted in the Program’s application (anketa), and in case of need, personal data submitted in other documents of the Program, my biometric personal data and/or (in case it has been submitted) sensitive personal data relating to ethnic origin, political opinions, religious or philosophical beliefs, health condition, private life, as well as other personal data - last name, first name, middle name/patronymic, the year, month, date and place of birth, official place of residence, education, profession, place of work, job title, place of education, and any other information related to me, available or known at any point in time (further referred to as “Personal data”), which I have submitted in connection with participation in the Operator’s Program for the purposes of execution of the Program’s application (anketa) and all other related documents required in the process of preparation and realization of the Operator’s Program’s stages including nomination of candidates for participation in the Program and subsequent events for the Program’s participants, as well as for the purposes of statistical and evaluative analysis performed within the Program by means of obtaining, recording, organizing, accumulating, holding, adjusting (legitimate modifying, updating), retrieval, using, disclosing (dissemination, granting, authorization) including cross-border transfer, as well as to impersonating, blocking, deleting, destroying and performing other actions with my Personal data in accordance with the current legislation both manually and with the help of automated practices, processes and means, for the duration of the Program, on the expiry of time limit for such data or documents containing Personal data, established by the Operator.

In case of illegal use of my submitted Personal data I reserve the right to revoke my agreement through a written statement to the Operator.

I hereby confirm that in case of need to disclose my Personal data to third parties in order to achieve above-mentioned goals the Operator has the right so as to perform the above-mentioned actions to disclose, as needed, the information about me personally (including my Personal data) to such third parties, their agents and other authorized agents, as well as to provide such third parties with relevant documents containing such information, for the purposes of Personal data processing based on this agreement.

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date signature last name, first name