

**TO:** Representatives of Governments and Administrations  
Routine Distribution

**No.:** 07/04

**FILE:** PRO 49/1

**DATE:** 25 June 2007

**SUBJECT: CALLING FOR NOMINATIONS FROM MEMBER COUNTRIES AND TERRITORIES FOR THE 2008 7-MONTHS CETC COMMUNITY DEVELOPMENT TRAINING PROGRAMME**

1. The Secretariat of the Pacific Community wishes to invite member governments and administrations to send in their nominations for the **2008 CETC Community Development Training Programme**, at Narere, Suva.

#### **COURSE DURATION AND DATES**

2. The 2008 training programme will run for seven (7) months commencing on Monday, **17<sup>th</sup> March and closing on Friday, 17<sup>th</sup> October 2008**. Candidates eligible for the Basic English course, such as the French-speaking trainees and others as determined by the Centre would need to be in Fiji at least two weeks prior to 17 March. Details of this shall be advised in due course.

#### **TOTAL ENROLMENT**

3. There are thirty-six (36) places available for the 2008 programme.

#### **NUMBER OF CANDIDATES PER COUNTRY/TERRITORY**

4. Up to two candidates will be accepted per country or territory. However as in previous years, when not all members send participants, it will be possible to enrol more than two participants for some members.
5. Members therefore, can nominate more than two candidates with the understanding that depending on place availability, not all may be accepted but can be waitlisted for the next training round.

#### **FUNDING**

6. The Centre will continue to solicit funds to assist members send in their candidates to the 2008 training programme. However, we also advise that nominating governments and administrations should try to secure funding to support their nominees especially if they wish to send more than two candidates. Where respective members send funding applications to donors, **please send to CETC copies of the applications**.
7. The Centre further advises that nominating governments and administrations **are requested to meet the full return travel cost of participants for the 2008 programme**. More information on travel is provided on page 3 of this Circular. The unit cost for each participant in 2008 has been increased to FJD\$7800.00 per trainee. This covers accommodation, tuition, meals, basic medical services and allowances.
8. **Important:** All member countries of the Commonwealth are strongly advised to fill in the Commonwealth GIDD application form available from the Commonwealth National Point of Contact (POC) for their nominated candidates and have the duly completed forms sent urgently to the Commonwealth Secretariat by September 2007. The countries include: Cook Islands, Federated States of Micronesia, Kiribati, Marshall Is, Nauru, Niue, Papua New Guinea, Samoa, Solomon Is, Tokelau, Tonga, Tuvalu and Vanuatu. The completed GIDD Forms have to be endorsed by the National POC.

## NOMINATIONS

9. Governments and Administrations are requested to submit the duly filled and endorsed application forms by each applicant **to reach CETC, Suva no later than Friday 31 August 2007**. Where possible, the initial list of nominated candidates should be made by fax or electronic mail to the Head of the Centre.
10. Member countries and territories and nominating organisations are advised that **no late applications will be considered** considering the length of time involved in recruiting candidates/participants. Exception maybe given where prior advice with justification had been given by the nominating organisation or agency. In such cases a grace period of two weeks extension will be given.
11. Only applications endorsed by the government or authorised nominating agency will be considered.
12. The duly completed forms should be forwarded to :

The Head  
Community Education Training Centre  
Secretariat of the Pacific Community  
Private Mail Bag  
SUVA, FIJI

Phone : (679) 3391 033/3341654  
Fax : (679) 339 1324/337 0021  
E-mail : [cetclink@spc.int](mailto:cetclink@spc.int)

13. In the event that there is more than one application, these should be ranked in priority order.
14. **IMPORTANT.** It would be appreciated if Governments and Administrations could bring this invitation to the attention of other private, voluntary or non-government organisations, who may be interested in the type of programme presented at CETC. The same fee level as stated above applies.

## SELECTION PROCESS

15. **Candidate Eligibility.** All Nominated candidates must meet the following criteria to be eligible for consideration for the 2008 CETC course:
  - i. Age range 20 – 48 years. Ages outside this range would be considered on exceptional cases.
  - ii. Is actively involved in paid or voluntary community work and has evidence of participating in women, youth or community development activities.
  - iii. Is currently or nominated to become either a community trainer/worker or community leader or Manager/facilitator of community and related work.
  - iv. Has some background and understanding of women, community and national development issues of their respective country.
  - v. Has at least, a reasonably good ability in speaking, reading, understanding and writing in English, in order to participate and contribute effectively in the course.
  - vi. A team person, able to live, work with and tolerate women from other countries and cultures.
  - vii. Of good health to participate fully in training for seven months.
  - viii. Officially nominated and endorsed by their respective organisation and government.

*Note: Some knowledge of the region will be an advantage*
16. Countries and Territories will be informed by **September 2007** of the outcome of the selection to enable them to complete the necessary travel formalities prior to the course commencing.

## TRAVEL

17. Governments, Administrations and/or other nominating organisations are requested to meet the full travel costs for their participants, including any related transit costs in 2008.
18. Nominating members need to provide the CETC by fax, phone or electronic mail the confirmed travel details of their candidates as soon as these become available, or at least two weeks before the date of travel. This will assist the Centre staff to arrange airport transfer arrangements and meet participants on arrival. Please note that overseas participants must have a **return air ticket** before they can be allowed into Fiji.
19. The successful candidate must have a passport, **valid up to at least December 2008**. Those who do not have passports, would need to process these as soon as attendance is confirmed.
20. **Visas.** Participants would need to send a photocopy of their passport details as soon as they accept the offer of a place in order for SPC to process Fiji immigration requirements. The SPC/CETC staff will nevertheless stand by to handle any visa related issues as may be necessary, on the participants arrival at Nadi International Airport or Nausori Airport, Fiji. **The participants must however carry with them the letter of acceptance to the CETC course to facilitate entry procedures into the country.**

*Note: Sending countries are responsible for arranging any transit visas and costs, which may be required by their participants if travelling through other countries.*

#### **MEDICAL COSTS AND INSURANCE**

21. Successful candidates must have a thorough medical, dental, and optical check prior to their arrival at CETC at their own cost. SPC will not be responsible for expenses of spectacles, dentures or major related complaints.
22. Participants are not covered by insurance for the full duration of the programme. However, the Centre will assist with costs of basic medical treatment that maybe required by participants. Neither the SPC nor the sponsors will be responsible for expenses arising out of pre-existing medical complaints and related complications, major sickness, injury, and other disability or loss of life.

#### **FORMS ATTACHED**

23. Attached to this notice are (i) the SPC application form and (ii) the Medical Examination form. The medical form is **only for successful candidates to complete and needs to be duly signed by a registered general medical practitioner in a recognised clinic or hospital in their respective country or territory**. Final enrolment of successful candidates will be subject to the acceptance of the medical reports by the Centre.

**Dr Jimmie Rodgers**

Director-General

Original text : English

Attach.

SECRETARIAT OF THE PACIFIC COMMUNITY

SECRETARIAT GÉNÉRAL DE  
LA COMMUNAUTÉ DU PACIFIQUE

**APPLICATION FORM**

**FORMULAIRE DE CANDIDATURE**

COMMUNITY EDUCATION COURSE

COURS DE FORMATION À L'ÉDUCATION COMMUNAUTAIRE

17 March – 17 October 2008

17 March - 17 October 2008

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IN COLLABORATION WITH THE GOVERNMENT OF FIJI AND SPONSORING AGENCIES,  
RESIDENTIAL TRAINING COURSE IN COMMUNITY EDUCATION FOR COMMUNITY WORKERS.

*COURS DE FORMATION A L'ANIMATION SOCIO-EDUCATIVE, ORGANISE AU CFEC A L'INTENTION DES AGENTS COMMUNAUTAIRES  
PAR LE SECRETARIAT GENERAL DE LA COMMUNAUTE DU PACIFIQUE, EN COLLABORATION AVEC LE GOUVERNEMENT FIDJIE  
ET D'AUTRES BAILLEURS D'AIDE.*

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This form should be completed and forwarded  
with copies of relevant achievements to:

*Le présent imprimé est à remplir et à renvoyer,  
accompagné des pièces demandées, à :*

The Head CETC  
Secretariat of the Pacific Community  
Private Mail Bag  
SUVA, Fiji

The Head CETC  
Secretariat of the Pacific Community  
Private Mail Bag  
SUVA (Îles Fidji)

**PART 1: TO BE COMPLETED IN ENGLISH BY THE NOMINEE IN HER OWN HANDWRITING.**  
**PREMIÈRE PARTIE : A REMPLIR PAR LA CANDIDATE EN ANGLAIS ET A LA MAIN.**

1. FAMILY NAME: \_\_\_\_\_  
NOM DE FAMILLE :
2. FORENAMES: \_\_\_\_\_  
PRÉNOM(S) :
3. DATE OF BIRTH: \_\_\_\_\_  
DATE DE NAISSANCE :
4. PLACE OF BIRTH: \_\_\_\_\_  
LIEU DE NAISSANCE :
5. NATIONALITY: \_\_\_\_\_  
NATIONALITÉ :
6. SEX (M/F): \_\_\_\_\_  
SEXE (M/F) :
- 7.1 PASSPORT NUMBER: \_\_\_\_\_ 7.2 EXPIRY DATE: \_\_\_\_\_  
N° DE PASSEPORT : DATE D'EXPIRATION :
- 7.3 DATE AND PLACE OF ISSUE: \_\_\_\_\_  
LIEU ET DATE DE DÉLIVRANCE :
8. RELIGION: \_\_\_\_\_  
RELIGION :
9. MARITAL STATUS: \_\_\_\_\_  
SITUATION DE FAMILLE :
10. NUMBER OF CHILDREN: \_\_\_\_\_  
NOMBRE D'ENFANTS :

11. HOME ADDRESS: \_\_\_\_\_  
*ADRESSE PERSONNELLE :*
12. POSTAL ADDRESS: \_\_\_\_\_  
*ADRESSE POSTALE :*
13. NAME AND ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:  
*NOM ET ADRESSE DE LA PERSONNE À PREVENIR EN CAS D'ACCIDENT :*

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14. RELATIONSHIP OF THIS PERSON TO YOU: \_\_\_\_\_  
*LIEN DE PARENTÉ AVEC CETTE PERSONNE :*

15. EDUCATION AND TRAINING: PLEASE LIST ALL COURSES (SECONDARY SCHOOL LEVEL AND ABOVE) ATTENDED AND QUALIFICATIONS OBTAINED.  
*ÉTUDES DE FORMATION : PRIERE D'INDIQUER TOUTES LES FORMATIONS SUIVIES A PARTIR DU SECONDAIRE ET LES TITRES ET DIPLOMES OBTENUS*

(a) Last school attended, place	Last class before leaving school	Years attended school From – To
<i>Dernier établissement d'enseignement fréquenté, ville, pays</i>	<i>Dernière année d'étude effectuée</i>	<i>Établissement fréquenté de – à</i>
_____	_____	_____
_____	_____	_____

- (b) Further education after leaving school:  
*Éducation parascolaire :*

Type of course <i>Spécialisation</i>	Length of course <i>Durée du cours</i>	Certificate Diploma <i>Certificats obtenus</i>
_____	_____	_____
_____	_____	_____

- |   |                        |  |
|---|------------------------|--|
| (c) Level of English:<br><i>Circle which:</i> | Spoken:                | Excellent/Very Good/Good/Satisfactory      |
|   | Written:               | Excellent/Very Good/Good/Satisfactory      |
|   | Understanding:         | Excellent/Very Good/Good/Satisfactory      |
| <i>Niveau d'anglais :</i>                     | <i>Oral :</i>          | <i>Excellent/Très bon/Bon/Satisfaisant</i> |
|   | <i>Écrit :</i>         | <i>Excellent/Très bon/Bon/Satisfaisant</i> |
|   | <i>Compréhension :</i> | <i>Excellent/Très bon/Bon/Satisfaisant</i> |

16. EXPERIENCE:  
*EXPÉRIENCE :*
- (a) Please describe practical experience or in-service training relevant to the course.  
*Indiquer la formation en cours ou l'expérience pratique acquise dans des domaines en rapport avec le cours.*

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- (b) Have you previously travelled abroad? If so, to which country, for what purpose and for what length of time?

*Avez-vous déjà été à l'étranger ? Si oui, dans quel(s) pays, pour quel motif et pendant combien de temps ?*

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17. EMPLOYMENT RECORD:  
*ANTÉCÉDENTS PROFESSIONNELS :*

- (a) Present or most recent employment (please specify date taken up):  
*Emploi actuel ou le plus récent (préciser la date d'entrée en fonction) :*

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- (b) Present employer (name and address):  
*Employeur actuel (nom et adresse) :*

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- (c) Type and function of organisation:  
*À quelle catégorie appartient l'entreprise et quelles sont ses fonctions ?*

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- (d) Please describe your duties briefly and indicate your personal responsibility.  
*Veillez décrire brièvement vos fonctions et indiquer quelles sont vos responsabilités.*

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- (e) Previous posts held with dates of service, listing most recent post first.  
*Emplois antérieurs, en commençant par le plus récent :*

Post held and dates  
*Emplois occupés avec  
indication des dates*

Name and address of employer  
*Nom et adresse de l'employeur*

Type of organisation  
*Catégorie à laquelle  
appartient l'entreprise*

Post held and dates <i>Emplois occupés avec indication des dates</i>	Name and address of employer <i>Nom et adresse de l'employeur</i>	Type of organisation <i>Catégorie à laquelle appartient l'entreprise</i>
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18. PLEASE EXPLAIN BRIEFLY WHY YOU THINK YOU WOULD BENEFIT FROM ATTENDING THE COURSE.  
*PRIERE D'EXPLIQUER BRIEVEMENT EN QUOI VOUS PENSEZ QUE LE COURS VOUS SERA UTILE.*

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19. HEALTH DECLARATION:  
*DÉCLARATION DE SANTÉ :*

I hereby declare that:

*Je déclare par la présente que :*

1. I do not suffer from any physical or other disability which will prejudice my ability to undertake the practical training programmes as outlined in the attached notes.  
*Je ne suis atteinte d'aucune invalidité, physique ou autre, qui me rende inapte à suivre le programme de formation décrit dans les notes ci-jointes.*
2. I do not presently take medication in any form for an existing condition or ailment OR  
I am taking medication for a pre-existing condition (Underline the appropriate choice)  
*Actuellement, je ne souffre d'aucune maladie ni d'aucune affection nécessitant un traitement médical.*
3. I have not visited a medical practitioner in the past six months except on the following occasions:  
*Je n'ai pas consulté de médecin au cours des six derniers mois sauf pour les cas suivants :*

Complaint: \_\_\_\_\_  
*Motif :*

Signature :

Date: \_\_\_\_\_

20. NOMINEE'S STATEMENT:  
*ENGAGEMENT PERSONNEL :*

I hereby declare that if selected for this training programme I will undertake to:

*Si ma candidature au cours est retenue, je m'engage à :*

- (a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Secretariat of the Pacific Community in respect of this course of training.  
*Me conformer aux instructions et conditions éventuelles énoncées par le gouvernement qui présente ma candidature et par le Secrétariat général de la Communauté du Pacifique.*
- (b) Follow the course of training, and abide by the rules of the institution at which I undertake training.  
*Suivre le cours et respecter le règlement de l'établissement où il est dispensé.*
- (c) Refrain from engaging in political activities or any form of employment for profit or gain.  
*M'abstenir de toute activité politique et de toute forme de travail rémunéré.*

- (d) Submit any progress report which may be prescribed.  
*Présenter les rapports d'activité demandés.*
- (e) Return to my home country on the completion or termination of my course of training.  
*Retourner dans mon pays de résidence à l'issue du cours ou de ma période de formation.*

I also understand that my Training Award may be subsequently withdrawn if I fail to make adequate progress, or for other sufficient cause determined by the Secretariat of the Pacific Community.  
*Je n'ignore pas que ma bourse peut m'être retirée si mes progrès sont insuffisants ou pour toute autre raison que le Secrétariat général de la Communauté du Pacifique jugerait valable.*

The statements made by me in this form are true, complete and correct to the best of my belief.  
*Je certifie que mes déclarations ci-dessus sont, à ma connaissance, complètes et exactes.*

Signature of nominee:  
*Signature de la candidate :*

Date: \_\_\_\_\_

**PART II: TO BE COMPLETED BY AN OFFICER OF THE NOMINATING ORGANISATION /GOVERNMENT/ADMINISTRATION (ONLY FOR SUCCESSFUL PARTICIPANTS WHOSE ATTENDANCE HAVE BEEN ENDORSED)**

**DEUXIÈME PARTIE: A REMPLIR PAR UN FONCTIONNAIRE DE L'ORGANISATION, DU GOUVERNEMENT OU DE L'ADMINISTRATION PRESENTANT LA CANDIDATE**

Please provide a brief personal appraisal of the nominee, her general character, work ability and her likely responsibilities upon her return. If more than one trainee has been nominated, please indicate selection priority.

*Veillez donner succinctement votre appréciation personnelle sur la candidate : caractère, aptitudes professionnelles et responsabilités probables à son retour. Au cas où plusieurs candidates seraient proposées, prière de les classer par ordre de priorité.*

**BRIEF APPRAISAL OF NOMINEE:**

**BRÈVE ÉVALUATION DE LA CANDIDATE :**

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**Nominating Officer:**

**Fonctionnaire :**

Name: \_\_\_\_\_  
*Nom :*

Position: \_\_\_\_\_  
*Poste :*

Signature :

Date: \_\_\_\_\_

**Endorsed by:**

**Recommandé par :**

Name: \_\_\_\_\_  
*Nom :*

Position: \_\_\_\_\_  
*Poste :*

Ministry/Department:

*Ministère/département :*

Signature :

Date: \_\_\_\_\_

**SECRETARIAT OF THE PACIFIC  
COMMUNITY**  
PRIVATE MAIL BAG, SUVA  
FIJI  
TELEPHONE: (679) 3370 733 CETC3391 033  
FAX: (679) 3391324/3370 021



**SECRETARIAT GÉNÉRAL DE LA  
COMMUNAUTÉ DU PACIFIQUE**  
PRIVATE MAIL BAG, SUVA  
ÎLES FIDJI  
TÉLÉPHONE : (679) 3370 733 CETC 3391 033  
TÉLÉCOPIEUR : (679) 3391324/3370 021

In reply please quote file:  
Référence à rappeler :

**COMMUNITY EDUCATION TRAINING CENTRE  
MEDICAL FORM  
(This report will be treated as CONFIDENTIAL )**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DATE OF EXAMINATION:** \_\_\_\_\_

**HOSPITAL/MEDICAL CLINIC or CENTRE:** \_\_\_\_\_

**GENERAL FINDINGS:**

**OPTICAL:** \_\_\_\_\_

**DENTAL:** \_\_\_\_\_

**PREGNANCY TEST(compulsory):** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**LABORATORY TESTS:** \_\_\_\_\_

**RELEVANT MEDICAL HISTORY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**She suffers from:**

	<b>YES</b>	<b>NO</b>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Stress related conditions	<input type="checkbox"/>	<input type="checkbox"/>

I have today examined \_\_\_\_\_ and hereby certify that she is medically FIT/ UNFIT, to attend the 7 months course in Suva.

**DOCTOR'S NAME:** \_\_\_\_\_

**DOCTOR'S SIGNATURE:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Official Stamp**