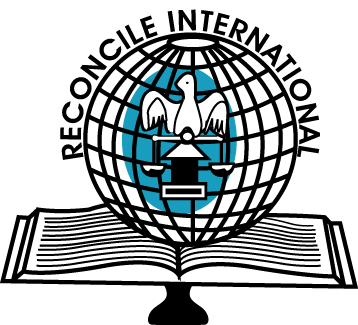
**RECONCILE PEACE INSTITUTE**



**In cooperation with MINDOLO ECUMENICAL FOUNDATION**

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| Affix Photo |

APPLICATION FOR STUDY IN THE RECONCILE PEACE INSTITUTE CERTIFICATE PROGRAM

1.5 Mile Maridi Road | Yei, South Sudan | Email to [info@reconcile-int.org](mailto:info@reconcile-int.org) and [Shelvis@reconcile-int.org](mailto:Shelvis@reconcile-int.org)

**Applicants seeking scholarships must submit their applications by 16 Aug 2013**. If selected, you will be contacted by the beginning of November. Courses start 25 January 2014.

**Applicants who are self paying or sponsored must submit their applications 3 weeks before the start of their course.**

*Note: Please affix a passport size photograph on the top right hand corner of this form if you are able.*

**I. NAME & COURSE SELECTION**

Name in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**CIRCLE** Your Desired Program of Study:

1. Community Based Trauma Healing or 2. Peace Studies & Conflict Transformation

**II. PERSONAL DETAILS**

Title (Ms/Mr/Rev/Dr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Permanent Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Membership/Religious Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Home Address: i.e.-*Boma/ Payam/ County, State* Contact Phone Numbers (include country and city code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID/Passport Number Type of ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of a Second Contact/Family Member **(MANDATORY)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to contact/Family Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III.** Education/Training

Please include any trainings, course or certifications which you have received within your school and community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/College/Institution/School  [Begin with highest qualification] | From | To | Qualification Obtained | Subject(s) | Date Obtained/to be obtained |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

***Please attach copies of your Curriculum Vitae (CV), relevant transcripts and certificates***

RPI’s language of instruction is English. Please rate your level of English as either: Excellent, Good, Fair or Poor. Please also rate your level in any other languages you know.

|  |  |  |  |
| --- | --- | --- | --- |
| LANGUAGE | READING | WRITING | SPEAKING |
| English |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IV. VOLUNTEER/EMPLOYMENT HISTORY (Please add an additional page if this Is not enough space.)**

**Successful applicants have at least four (4) years of experience in peacebuilding work.** Please list your volunteer/ work experience and include details of your leadership and involvement in your community.

|  |  |  |  |
| --- | --- | --- | --- |
| Name, Address and Details of Workplace  [Begin with present] | Job Title | From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**V.\*\* STATEMENT ON PURPOSE OF STUDY\*\***

**ON A SEPARATE PAGE,** **give a statement on your purpose of study. The statement should give clear indications on why you seek to study at the RECONCILE Peace Institute. The statement should explain how your studies at RPI will contribute to your efforts of addressing trauma or conflict.**

**VI. REFEREES**

Name three (3) persons from whom references may be obtained. If you are sponsored by an organization, one referee must be from the organization/institution sponsoring your studies. If you are seeking a scholarship, one referee should be from a primary leader in your community (e.g.-Chief, Payam Administrator, Bishop, Commissioner, etc.) The other referees should be qualified to comment on your academic ability. Please submit your application with at least two (2) letters of recommendation.

|  |  |  |
| --- | --- | --- |
| Name | Name | Name |
| Occupation/Profession | Occupation/Profession | Occupation/Profession |
| Phone:  Fax:  Cell:  Email: | Phone:  Fax:  Cell:  Email: | Phone:  Fax:  Cell:  Email: |

**VII. DISABILITY**

|  |  |
| --- | --- |
| Please explain any physical disability that may prevent you from completing your studies at RPI | Will you require any special diet for health reasons? Please explain |
|  |  |

***All applicants are required to undergo a full medical examination done by a certified medical practitioner. For this purpose, a medical form is also provided at the end of the application.***

I confirm the information provided in this application is true, accurate and complete. I am happy to accept and adjust to the menu described on the final page. Information given which is later found to be false may lead to the withdrawal of any offer of a place at RPI.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You may send your completed application to* [info@reconcile-int.org](mailto:info@reconcile-int.org) and [Shelvis@reconcile-int.org](mailto:Shelvis@reconcile-int.org) You may also deliver your application to the RECONCILE Peace Institute at 1.5 Mile Maridi Road in Yei, South Sudan.

**RECONCILE PEACE INSTITUTE**

**NOTE TO APPLICANTS**

* Please note all scholarship students are expected to pay three hundred (300) SSP for the course. This contribution is a required school fee that may be raised in the applicant’s community and family. School fees must be submitted upon arrival.
* Please note all RPI students will work to clean the compound weekly. In addition, each student will clean his or her own dishes and living quarters in the dormitory.
* Please note RPI serves a basic South Sudanese menu mainly consisting of a combination of asida (made from maize, cassava or millet), rice, vegetables, beef, goat meat, chicken, fish, beans, lentils, greens and fruits at lunch and supper. G-nut or peanut sauce is a common ingredient. Not all meals will include meat. Breakfast will include bread and tea/coffee. Morning and afternoon tea will be provided and morning tea will include a snack – usually ground nuts. Tea will not always be served with milk. All participants are expected to adjust to the menu.
* Please note that we do not supply pills for high blood pressure, diabetes and other chronic diseases. We are also not responsible for paying for pre-existing medical expenses. Please bring a 3 months’ supply of your medicine.
* Please visit a qualified and competent medical practitioner prior to arrival. Failure to undergo a thorough medical examination may delay the admission process, and result in re-examination on arrival at your own expense.

**Confidential Letter of Recommendation from Referee**

***Instructions to Applicant***: Please read and submit this page to your referee with an envelope addressed to yourself. After completing the form, your referee will return the sealed envelope with his/her signature across the flap. Include the sealed envelope together with your application package. **Recommendations are mandatory.**

Applicant’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport No/NRC

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***Instructions to Referees***: Your candid views on the applicant’s professional work and character will help the RPI Admissions Committee judge the applicant qualitatively. **Referees please answer the questions below and attach a letter of recommendation on your letterhead.**

1. For how long, and in what capacity, have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please rate the applicant as follows by ticking:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very Good** | **Good** | **Average** | **Unable to judge** |
| Communication Skills (oral and written) |  |  |  |  |  |
| Analytical Skills |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Intercultural sensitivity/Adaptability |  |  |  |  |  |
| Resourcefulness, Motivation |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |
| Individual Initiative and Perseverance |  |  |  |  |  |
| Overall Appraisal |  |  |  |  |  |

Name and Title (or position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution/ Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (and stamp if applicable) Date

*After signing the form, please seal it and sign across the flap of the envelope then return to the applicant*

**RECONCILE PEACE INSTITUTE**

**Certificate of Health**

**(To be completed by a Competent and Qualified Physician or Doctor)**

***Instructions to Applicant***: Please complete the portion below before the medical examination.

Applicant’s Name in Full:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

yy/mm/dd

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**To Be Completed by a Medical Practitioner**

**VITAL SIGNS**

Temperature Pulse Blood Pressure Heart Rate

**GENEARL APPEARANCE**

Head- Eyes-

Ears- Nose-

Throat- Neck-

**HEART LUNGS**

**CHEST**  **ABDOMEN**

**NEUROLOGIC** **EXTREMITIES**

**Applicant’s History of Chronic/ Contagious Illnesses**:

Tuberculosis Asthma Sickle Cell Anemia

Diabetes Mellitus Any other(s): Please Specify

**Has the applicant had any serious operations, illnesses, injuries or congenital abnormalities? If so, please explain.**

**Does the applicant have any disabilities which would prevent him/her from study**?

**Does the applicant need regular medical treatment** **or a special diet?** **If so, please explain.**

I certify that I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and in my opinion the applicant is fit for study.

Medical Professional’s Name Position

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Email

Date