

## Application Form Part II: Employer's Statement of Support



To be completed, signed and stamped by the applicant's supervisor/superior.

1	Name of applicant		
2	Institution		
3	Your name		
4	Your position		
5	Your professional relationship with the applicant		
6	Your contact details for correspondence	Telephone incl. dialing code:	Email:
7	Type of institution (sector)		
8	What are the main activities of your institution?		
9	<p>For our institution to fully leverage the advantages of this programme, the applicant will remain employed within our organization upon completing the Shaping Futures Academy 2024</p> <p style="text-align: center;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No, because         <input type="checkbox"/> Not sure yet, because       </p>		

10	<p>I am committed to supporting my employee in effectively managing their responsibilities and Shaping Futures Academy-related activities during the online phases and facilitating their temporary absence during the in-person phases.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">Yes</span> <span style="margin-right: 100px;">No, because</span> <span>Not sure yet, because</span> </p>
11	<p>We are interested to understand the extent the applicant's participation in the Shaping Futures Academy will contribute to their professional development and the strategic organisational goals of your institution. Please answer the following questions:</p> <p><b>a</b> What do you expect from the applicant's participation in the Shaping Futures Academy? Where and how do you see their involvement contributing to institutional development? (approx. 500 words)</p>

<b>b</b>	Why is participation in a network on sustainability between African and European institutions interesting for your institution? (approx. 300 words)
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## Declaration by the employer:

- ▶ I hereby confirm my support for the application of \_\_\_\_\_ to participate in the Shaping Futures Academy 2024.
- ▶ I commit to facilitating the transfer of their newly-acquired knowledge, skills and competencies into the work of my institution.
- ▶ I confirm that I have read, understood and accept the [conditions for participation](#).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature