



Leadership Innovation Excellence

FOR OFFICIAL USE OF AFRICABIO ENTERPRISES, INC.

Received application by administration:

Sign _____ Date _____

Comment, see attached note

LinX Leadership Liberia

Application Deadline: August 13, 2021 | **Program begins:** September 14, 2021 | **Program duration:** 3 months

Instructions: Please complete this application in its entirety. Incomplete applications may be disqualified.

APPLICATION FORM This section is to be completed by the nominating organization. (If writing by hand, please use block letters.)

	Country _____
(Name of nominating organization/institution/company _____)	
nominates _____	
(name of applicant/employee)	
for LinX Leadership Liberia from September 2021 – December 2021	
Reasons for nomination (obligatory) _____	

Date _____	
Signature of nominating Representative _____	
Name in block letters _____	
Position _____	

Submission Requirements: The nominating organization should email the LinX Leadership Liberia nomination application along with a recent photo of the nominee to LinX@africabioenterprises.com **by August 13, 2021.**

If you are unable to email these documents, the original application should be sent to Africabio Enterprises, Inc. Fouta Corporation Complex-Vaitown Monrovia, Liberia, West Africa, no later than August 13, 2021. If you are sending your application, please attach your photo with staple, do not glue.

The nominating organization will be notified of the application status on August 30, 2021. Should the nominating organization have application questions, email: LinX@africabioenterprises.com. **Important Note: Applicants should contact their organization for all application inquiries. Please do not contact Africabio Enterprises, Inc.**

PERSONAL DETAILS

Instructions: This section is to be completed by the employee and returned to the nominating organization for submission of the full application.

First name (underline name by which formally addressed):	Second name:	Family name (surname):
Home address:	Tel. mobile:	
	Tel. office:	
	Tel. home:	
	E-mail, primary:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail, secondary:	
Nationality:	Date of birth (mmddyy):	
Please provide contact information below for a person to be notified in case of emergency.		
Name:		Tel. mobile:
Relation to applicant:		E-mail:

EDUCATION

Name of institution and place of study	Major fields of study	Years of study from – to	Degrees

List membership of professional societies or other activities in civil, public or international affairs:

Previous residence in foreign country in relation to applicant's professional or study interest:

Have you participated in the LinX Leadership Forum before?
 yes no Name of program, year:

EMPLOYMENT RECORD: present position

Name of organization (including department/unit):		Description of your work, including your personal responsibilities:	
Address of organization:			
Type of organization: <input type="checkbox"/> Public company <input type="checkbox"/> Private company <input type="checkbox"/> Other, please specify: _____			
Title of your position:	Years of service:		
Supervisor's name:			
Supervisor's tel:	Supervisor's e-mail:	Number of employees in your organization:	Number of employees supervised directly by you:

EMPLOYMENT RECORD: previous position

Name of organization (including department/unit):		Description of your work, including your personal responsibilities:	
Address of organization:			
Type of organization: <input type="checkbox"/> Public company <input type="checkbox"/> Private company <input type="checkbox"/> Other, please specify: _____			
Title of your position:	Years of service:		
Supervisor's name:			
Supervisor's tel:	Supervisor's e-mail:	Number of employees in your organization:	Number of employees supervised directly by you:

RELEVANCE FOR YOUR ORGANISATION

Describe how this program would be relevant for you and your organization by answering the following questions below. Provide your responses to these questions as a separate attachment. Please include this attachment in the email or envelope along with your application.

A. What main benefits would your organization hope to gain from a long-term engagement and participation in the LinX Leadership Liberia program?

B. Please outline any critical challenges facing your organization.

SOURCE OF INFORMATION

From where did you get the information about this training program?

LinX Leadership Forum

From my organization/supervisor

Directly from the program organizers

Website

Other If so, where? _____

LANGUAGE REQUIREMENT

Please check any and all of the following conditions that are applicable:

English is my native language.

English is my working language (please enclose statement from management).

I carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate).

Name of candidate _____	
<p>ABILITY TO UNDERSTAND</p> <p><input type="checkbox"/> Understands without difficulty when addressed at normal rate.</p> <p><input type="checkbox"/> Understands almost everything, if addressed slowly and carefully.</p> <p><input type="checkbox"/> Requires frequent repetition and/or translation of words and phrases.</p>	<p>ABILITY TO SPEAK</p> <p><input type="checkbox"/> Speaks fluently and accurately and is easily intelligible.</p> <p><input type="checkbox"/> Speaks intelligibly, but is not fluent or altogether accurate.</p> <p><input type="checkbox"/> Speaks haltingly, and is often at a loss for words and phrases.</p>
<p>ABILITY TO WRITE</p> <p><input type="checkbox"/> Writes with ease and accuracy.</p> <p><input type="checkbox"/> Writes slowly and with only a moderate degree of accuracy.</p> <p><input type="checkbox"/> Writes with difficulty and makes frequent mistakes.</p>	<p>READING ABILITY AND COMPREHENSION</p> <p><input type="checkbox"/> Reads fluently, with full comprehension.</p> <p><input type="checkbox"/> Reads slowly, but understands almost everything.</p> <p><input type="checkbox"/> Reads with difficulty, and only with frequent recourse to a dictionary.</p>
<p>Language test administered by: _____</p> <p>Title: _____</p> <p>Address and Telephone: _____</p> <p>Date and signature: _____</p>	

MEDICAL STATEMENT

IMPORTANT NOTE: Please submit your up to date medical clearance with this application.

Information to all applicants:

Upon confirmation that your application has been accepted, the personal information that you have given in this application will be used by the program organizer in administering the program. Your personal data will also be available to LinX Leadership Liberia for internal use. The data will not be used for other purposes.

APPLICANT'S SIGNATURE

I certify that my statement in answer to the questions above is true, complete and correct to the best of my knowledge and belief. If selected as a participant I undertake to spend the time during the period of the program as directed by the program management.

Date _____ Applicant's signature _____

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