

# BMZ African-German Leadership Academy 2022

## 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 to the applicant:		
6	Your contact details for correspondence:		
	Street		No:
	Post/ZIP code:	Town:	Country:
	Telephone incl. dialing code:		Email:
7	Type of institution (sector):		
8	What are the main activities of your institution?		
9	<p>To enable my institution to benefit from this programme, the applicant will continue to be employed in my institution following their completion of the BMZ African-German Academy 2022.</p> <p>Yes.                      No, because:                      Not sure yet, because:</p>		

10	We are interested in finding out to what extent the applicant's participation in the BMZ African-German Leadership Academy will contribute to their professional development and to the strategic organisational development of your institution. Please answer the following questions:
a.	<p data-bbox="161 237 1492 311">What do you expect from the applicant's participation in the BMZ African-German Leadership Academy? Where do you see the potential for their professional development? (approx. 300 words)</p> <div data-bbox="161 311 1492 1171" style="border: 1px solid black; min-height: 384px;"></div>
b.	<p data-bbox="161 1184 1492 1258">How can your employee's participation in the BMZ African-German Leadership Academy contribute to the strategic organisational development of your institution? (approx. 300 words)</p> <div data-bbox="161 1258 1492 2128" style="border: 1px solid black; min-height: 388px;"></div>

Why is participation in the BMZ African-German Leadership Academy programme interesting for your institution? (approx. 300 words)

C.

Declaration by the employer:

- ▶ I hereby confirm my support for the application of \_\_\_\_\_  
(name of applicant) to participate in the BMZ African-German Leadership Academy 2022.
- ▶ I commit to facilitating the transfer of their newly-acquired skills and competencies into the work of my institution.
- ▶ I confirm that I have read, understood and accept the conditions for participation.

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Stamp & signature (superior)