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**THE ‘YOUNG AFRICAN LIBRARY INNOVATORS’ INITIATIVE (IYALI) 2018**

**APPLICATION FORM**

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| 1. **Personal information\*:** | | | |
| Given (first) name |  | | |
| Middle name |  | | |
| Surname (as written in your identity card or passport) |  | | |
| Title (Mr/Ms/Mrs) |  | | |
| Date of Birth |  | | |
| Nationality |  | | |
| Residential address (# of building, street, city, postal code, country) |  | | |
| Email address |  | | |
| Telephone number |  | | |
| Other contacts (e.g. FB account, Skype name) |  | | |
| Educational background (the highest qualification gained; name of institution, location and date of graduation) |  | | |
| Your professional affiliations and membership (add more lines as needed) | Name of association/ organization | Your membership number, if applicable | Is the association / organization an institutional member of AfLIA or IFLA? |
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*\* Please note, for programme evaluation, management and implementation purposes, your personal data with filled applications will be shared with IYALI partner organizations – AfLIA and IFLA.*

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| 1. **Please provide information about your employment history and professional experience that is most relevant to this application (the current job first).** If needed add more rows to the table. | | |
| Period of experience (from-to) | Name, address and contacts (phone, email, webpage, etc.) of employer/library | Position and responsibilities |
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| 1. **What is your experience in developing new library services and / or community outreach initiatives? Please give a short description of services, projects and / or outreach campaigns in which you took active part. Tell us about your role, main objectives, targeted user groups, technology, key activities, results and impact of the service, projects / campaigns.  (300 words limit)** |
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| 1. **Please describe your personal vision of how your library services should develop to address local community needs. Tell us about the community your library serves; describe your library users and non-users, and the most critical needs, issues and challenges they face to give the context to your vision. Include relevant qualitative evidence and statistics, if available, to support and explain your vision. How would your participation in IYALI help you to achieve this vision? (300 words limit)** |
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| 1. **Please provide information about your professional activities beyond the boundaries of your library that may support your application.** For example, your involvement in national and regional library associations and professional networks; previous participation and presentations at library-related conferences and similar events; volunteer activities; social media contributions on library profession development, etc.   ***(100 words limit)*** |
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* **I have a recommendation from a national /regional /international library association or library support organization** (if applicable, please indicate here the name of person, position and organization, and attach digital copy of the signed recommendation to your application)

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* **If I am selected to take part in IYALI, I commit to remain at my job for at least 2 years to apply learnings in development library services to the community.**

**By signing below, I declare that all statements in the application are accurate and complete.**

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| Signature | Date |
| Please print your name | |
| Title | |

**ENDORSEMENT BY MANAGER OF APPLICANT’S PUBLIC / COMMUNITY LIBRARY INSTITUTION AND / OR LOCAL AUTHORITY**

***I endorse the above application for participation in the Initiative ‘Young African Library Innovators’. I am aware and support presented vision for library development to meet community needs, and will ensure conditions for applicant’s time-away for attending international events (up to 3 weeks during two-year period). Also, I agree to make necessary revisions in her / his work schedule to allow time to prepare for IYALI programme and for post-event activities, such as providing feedback and reporting, communicating and knowledge sharing with peers, putting into the practice new ideas.***

**Name: Institution/Library/Local Authority:**

**E-mail address:**

**Postal Address:**

**DATE: SIGNATURE:**

*NOTE: Please print the last page for signing. After signing, please scan it and upload the signed scanned copy as a separate file, as part of your application. Note – you do not have to print and scan the whole application, just the last page.*