

Annex 2: SADC Emergency Response Team Application Forms



SADC EMERGENCY RESPONSE TEAM INDUCTION COURSE

Application Form

I. Instructions

Candidates: Please complete and sign this form and have it endorsed by your (i) Director; and (ii) Permanent Secretary (PS) /Equivalent

Permanent Secretary (PS) /Equivalent: Please complete and sign in the box below to endorse this candidature. By endorsing the candidate's application, you agree to support the application of the candidate in the SADC Emergency Response Team (ERT) for at least one year, including availability and release for SADC Deployment missions (up to 4 weeks) at least once per year and for SADC ERT training as needed.

Deadline for Applications: 25 April 2025

FINAL PARTICIPANT SELECTION WILL BE MADE AGAINST THE SADC ERT SELECTION CRITERIA (Annex 1), BASED ON THE INFORMATION CONTAINED IN THIS APPLICATION.

We regret that incomplete, non-endorsed applications cannot be considered.

II. Personal Details

Family Name:			
Given Name:			
Male / Female:		Date of birth:	
Nationality:			
Organization & Duty Station (where based):		Since (date):	
JOB TITLE:			
CLUSTER:			

Member States:

1

Angola	Eswatini	Mauritius	South Africa
Botswana	Lesotho	Mozambique	United Republic of Tanzania
Comoros	Madagascar	Namibia	Zambia
Democratic Republic of Congo	Malawi	Seychelles	Zimbabwe

All correspondence should be addressed to the Executive Secretary

Contact Details:	E-mail		
	Tel Nos. (Official, private & mobile)		
	Professional Mailing Address		
	Private Mailing Address		
Summary of Education/ Professional Qualifications and relevant experience (200 words)			
Brief Synopsis of Present Position: (100 words)			
Motivation: Please give your rationale explaining why you want to become a member of the SADC ERT and what you expect to contribute and/or gain from your membership. (200 words)			
Language Skills:	Language:		Level (fluent, working knowledge, basic)
	<i>English</i>		
	<i>French</i>		
	<i>Portuguese</i>		
Emergency Experience:			
Type of emergency	When	Where	Responsibilities

Member States:

2

Angola	Eswatini	Mauritius	South Africa
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<p>Have you already worked with any emergency response team during an emergency? Please provide Details</p>	
<p>Are you a member of any other Emergency Response teams (national/ regional/ international)? <i>Please list membership and training undertaken</i></p>	

Member States:

3

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|------------------------------|------------|------------|-----------------------------|
| Angola | Eswatini | Mauritius | South Africa |
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| Democratic Republic of Congo | Malawi | Seychelles | Zimbabwe |

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III. Professional Skills & Experiences

Please tick if you have training/experience in any of the following, *related to emergency response*:

Where relevant, please specify name of course and year of training

<input type="checkbox"/> Civil-military Coordination in an Emergency If yes, please specify: <input type="checkbox"/> Dealing with the Media If yes, please specify: <input type="checkbox"/> events Management If yes, please specify: <input type="checkbox"/> Information Management/analysis tools If yes, please specify: <input type="checkbox"/> Briefings and preparation of presentations If yes, please specify: <input type="checkbox"/> Logistics If yes, please specify: <input type="checkbox"/> Team Leadership If yes, please specify: <input type="checkbox"/> Coordinated Needs Assessment If yes, please specify: <input type="checkbox"/> Search and Rescue If yes, please specify: <input type="checkbox"/> Emergency Telecommunications If yes, please specify:	<input type="checkbox"/> Environmental Assessment If yes, please specify: <input type="checkbox"/> Disaster Waste Management If yes, please specify: <input type="checkbox"/> Emergency Health If yes, please specify: <input type="checkbox"/> Cluster Coordination If yes, please specify: <input type="checkbox"/> Humanitarian Response Coordination If yes, please specify: <input type="checkbox"/> Security Management If yes, please specify: <input type="checkbox"/> Humanitarian Reporting If yes, please specify: <input type="checkbox"/> Developing/providing policy advice If yes, please specify: <input type="checkbox"/> Office Management If yes, please specify:
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Practical Skills:

Please tick if you have training/experience in any of the following:

<input type="checkbox"/> Security training (<i>please specify area of training</i>)..... <input type="checkbox"/> Basic First Aid Training <input type="checkbox"/> Cultural awareness training <input type="checkbox"/> A valid driving license <input type="checkbox"/> Familiarity with Microsoft Office and Windows <input type="checkbox"/> Familiarity with (V)HF radios and satellite telecoms <input type="checkbox"/> Any other practical skills useful to an emergency mission (list):	<input type="checkbox"/> Stress management/training <input type="checkbox"/> 4-wheel drive vehicle experience <input type="checkbox"/> GPS/Google Earth
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Member States:

4

- | | | | |
|------------------------------|------------|------------|-----------------------------|
| Angola | Eswatini | Mauritius | South Africa |
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Are you:

- In good health (Note: SADC ERT members are required to undergo medical examination)
- Physically fit and active
- Able to swim

IV. Trainings and Exercises

Please specify attended trainings and exercises (field simulation and/or table top) with name, location and year below.

- OCHA/UNDAC:
- Other relevant(humanitarian/disaster management) trainings:
- INSARAG exercises:
- FASTER Training (WFP):
- ERU Training (IFRC):
- Other field exercises:

V. Discharge Conditions

Please note that the following may result in disqualification of the candidate from the SADC ERT:

- poor understanding of roles and responsibilities:
- poor performance in SADC ERT training assessment:
- Poor health/Unfit for duty
- misconduct:

VI. Signature & Declaration by Applicant

Declaration by Applicant <i>I hereby certify that the information above provided by myself is accurate to the best of my knowledge, and understand that any misinformation may lead to my disqualification.</i>	
Name:	Title:
Identification No.	
E-mail:	
Signature of Candidate:	Date:

Member States:

5

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VII. Signature & Endorsement by Head of Department

Endorsement of application by Head of Department	
<i>I hereby endorse this application and agree to the deployment of this candidate for at least one year, including availability and release for SADC ERT missions (up to 4 weeks) at least once per year and for SADC ERT training.</i>	
Name:	Title:
E-mail:	
Signature of Head of institution:	Date:

VIII. Signature & Endorsement by Director

Endorsement of application by the Head of the National Disaster Management Agency/Civil Protection Unit	
<i>I hereby endorse this application and agree to the deployment of this candidate for at least one year, including availability and release for SADC ERT missions (up to 4 weeks) at least once per year and for SADC ERT training.</i>	
Name:	Title:
E-mail:	
Signature of National Disaster Management Agency/Civil Protection Unit:	Date:

IX. Signature & Approval by the Permanent Secretary/Equivalent

Approval by the Permanent Secretary/Equivalent	
<i>I hereby endorse this application and agree to the deployment of this candidate for at least one year, including availability and release for SADC ERT missions (up to 4 weeks) at least once per year and for SADC ERT training.</i>	
Name:	Title:
E-mail:	
Signature of the Permanent Secretary/Equivalent	Date:

Member States:

6

Angola	Eswatini	Mauritius	South Africa
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