**Attachment 1**

Asian Productivity Organization

## TES APPLICATION FORM

|  |
| --- |
|  |

**Requesting country:**

|  |
| --- |
|  |

**Subject (project title):**

Please explain clearly the objectives and background of the project and the need for employing TES, outlining existing problems and shortcomings, if any. Please also describe the expected end results of the proposed TES. Please note that the descriptions of objectives will be examined carefully and reviewed by the TES Committee to ensure that the proposed TES project is in line with the modality and scope of TES 2018.

**1. General Information**

|  |
| --- |
| **Objectives**: 1. Details of the main objectives
2. How the proposed TES project could achieve the objectives
 |
| **Background:**1. Justification and urgency through, for instance, elaborating present situation, existing challenges and shortcomings, government’s initiatives to overcome the challenges, if applicable etc.;
2. Suitability of the proposed program, indicating the applicability of techniques to the local situation;
3. Linkage with priority areas of TES 2018;
4. TES projects in the past: description of the details of previous APO projects relevant to the proposed project and why the project should be repeated or expanded, if applicable; and
5. Outline on the possible follow up action

(Note: TES is not intended for “one-off” and/or “stand-alone” intervention on certain issue)  |

|  |
| --- |
|  |

**2. Scope and Methodology**

|  |
| --- |
| 1. Scope:
* Specific targeted areas to be intervened/invested by this TES project
* Specify the linkage with the stated challenges and the design of the program
1. Methodology:
* How is the proposed methodology useful to achieve the stated objectives and expected output?
* Consideration of other means available. Type and number of participants and their qualifications. Description of site visits and any other practical learning methodology including how it is expected to facilitate the learning process, where applicable. Expected limitations in conducting the project, if applicable.
 |

**3. Expected output, outcome, outcome measure and outcome target**

|  |
| --- |
| 1. Specify the intermediate output and/or objective of the program (achievable upon the completion of the project);
2. Elaborate on the outcome intended to be aimed;
3. Detail how NPO evaluate the successful achievement of output and the outcomes; and
4. Specify the timeframe of the achievement of the outcome.
 |

**4. Action plan to follow up**

|  |
| --- |
| 1. Elaborate the link between the stated objective and the possible follow up action; and
2. Explain how the follow up can facilitate the achievement of outcome.
 |

**5.** **Requirement for Experts:**

|  |
| --- |
|  |

(1) No. of experts required\*:

1. Please specify the number of expert(s). Describe the reasons for requesting more than one expert for a single proposed TES project, if applicable.
2. Give details on the background/reason for the need to engage with the proposed expert

|  |
| --- |
|  |

|  |
| --- |
|  |

(2) Acceptable languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Interpreter available: Yes No

(4) Candidate expert(s) or organization(s) for the APO to approach, if any:

|  |  |
| --- | --- |
| Option 1 |  |
| *Name:* |  |
| *Designation:* |  |
| *Address:* |  |
| *Tel & fax numbers:* |  |
| *e-Mail address:* |  |
| Option 2 |  |
| *Name:* |  |
| *Designation:* |  |
| *Address:* |  |
| *Tel & fax numbers:* |  |
| *e-Mail address:* |  |
| Option 3 |  |
| *Name:* |  |
| *Designation:* |  |
| *Address:* |  |
| *Tel & fax numbers:* |  |
| *e-Mail address:* |  |
| Other details and requirements such as qualifications and experience, if any: |

Remarks: If the CV of the suggested expert(s) is available, please attach a copy to this application form for effective coordination and preparation.

**6. Timing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project timing:**  | From  |  | To |  |
| **Duration:** |  |
| **Expert’s working days:** | ( |  | )days |
| **Flexibility in the timing/duration (check the box)** | * Fixed, hence not flexible
* Preferable, but not yet fixed
* Adjustable to suit expert’s availability
 |

**7. Daily program and schedule:** Indicate all travel days of the expert including arrival at and departure from the venue(s) and expert’s daily activity including all nonworking days during the entire service period. If the space is not sufficient, please attach the itinerary.

|  |  |  |
| --- | --- | --- |
| *Date* | *Activity\** | *Venue (city)* |
|  |  |  |

\*Note: Activity should indicate specific topics of the presentations, consulting subjects, or detail coverage of the services. Applications lacking this information cannot be considered for selection.

**8. Type of services required:**

As mentioned in the Project Notification, there are two main ways to receive TES: 1) conducting training courses to develop trainers and consultants of NPOs as well as related organizations; and 2) providing consultancy services to solve productivity-related issues. Depending on the nature of the application, please provide detailed information on either 1) or 2) below.

Please select the appropriate type of service that experts are required to provide.

**(1) Seminar/Training Course**

|  |  |
| --- | --- |
| Name of seminar/training course: |  |
| Organized by: |  |
| Outline of scope: |  |
| Methodology: |  |
| No. of expected participants: |  |
| Type of participants expected (specialty, industry, etc.): |  |
| Participants’ experience: |  |
| Level of knowledge of participants in the specialized topic/area: |  |
| Details of contents to be covered by the APO expert (indicate any special emphasis required): |  |
| If a synopsis is required, indicate the deadline for submission: | Day/month |
| Will the APO expert be the sole faculty of the program? | Yes ( ): The APO expert is expected to conduct the project by him/herselfNo ( ): There will be other local/international experts arranged by local organizers. |
| If no, indicate the time allocated to the APO expert for his/her lecture/presentation: | The expert is expected to conduct ( ) session(s) and the expected time for each session is approx. ( ) minutes |
| Names and designations of other experts and topics to be covered by them: |  |

**(2) Consultancy**

Information on organizations to receive consultancy service from the APO expert.

|  |  |  |  |
| --- | --- | --- | --- |
| No. of benefiting organizations | ( |  | ) organizations |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organization and URL | Type\* & volume ofbusiness | No. ofemployees | Special problems &areas to be emphasized |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please specify whether the benefiting organization is in the public or private sector.

**9. Local counterparts:**

Please provide the particulars of local counterparts for the TES project requested.

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Name of organization: |  |
| Education/experience\*: |  |

\*Remarks: Please attach brief biodata.

|  |  |  |  |
| --- | --- | --- | --- |
| Requested by: |  | Date: |  |
|  |  |  |  |
| Endorsed by: |  | Date: |  |
|  | APO Director/Alternate Director/ Liaison Officer |  |  |

**Important:**
**This application should be submitted by the NPO or other organization or company as directed by the NPO concerned. If the application is submitted by an organization or a company other than an NPO, the APO must receive an endorsement of the application from the APO Liaison Officer or the NPO. The application will neither be processed nor acknowledged until the APO receives such an endorsement.**