



FCS
TRUST

ADVOCACY FOR CHANGE TRAINING PROGRAMME

CLOSING DATE OF APPLICATION

Contact Details:

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Plot No 154 Kinondoni, Dar es salaam

INSTRUCTIONS

Please read carefully through the enclosed information brief on **ADVOCACY FOR CHANGE TRAINING PROGRAMME** before filling out this application form. Be brief and straight to the point without losing important information or ideas. Answer all questions as best as you can. Remember, any incomplete applications will automatically be disqualified.

This **APPLICATION FORM** is to be filled out and submitted to FCS TRUST LIMITED through the following email address info@fcstrust.co.tz before the deadline on **13 March 2020**

If you have any further questions, kindly do not hesitate to get in touch with **Martha Olotu** on phone number **0754 366 097**

TRAINING DATES:

Notifications will be shared with those accepted / selected to participate by e-mail by FCS TRUST LIMITED no later than 13th March 2020

On the same date, successful organizations are invited to the training as per the schedule below:

	Module	Dates	Number of Days
1	Content training	23-27 March 2020	5
2	Skills Training	TBC	5
3	Evaluation	TBC	2

OTHER RELEVANT INFORMATION

- The course fee is TZS 1,200,000 per participant, the fees does not include transport, accommodation and per diem.
- There will be coaching and mentorship sessions in between the face to face training sessions herein referred to as practical Engagement sessions.
- Participants will be using laptops during the face to face trainings. This will be expounded in the invitation letter subject to approval of your application under this call

VENUE

Mbezi Garden Hotel (Dar Es Salaam)

Part A: Applicant Information:

This part when filled out should not exceed two pages.

1. CONTACT INFORMATION OF APPLYING ORGANIZATION:

Name of your organization:	
Name Organization Lead and Designation (e.g. Team Leader, CEO, Executive Director/ Manager):	

Name of First Applicant:	
Gender of the applicant (male / female):	
Current position of Applicant:	
Phone:	
E-mail:	

Name of Second Applicant	
Gender of the applicant (male / female):	
Current position of Applicant:	
Phone:	
E-mail:	
Address:	
Website (if applicable):	

2. ORGANIZATION PROFILE:

Kindly mark (*) where appropriate:	Registration Details:			
Non-governmental		Registration Date (month, year):		
Non-partisan				
Not for-profit		Type of registration Kindly mark (*) where appropriate:		
Legally registered				
Youth-led				
Disability focused			Others	

3. COMMITMENT TO PARTICIPATE:

3.1	Is your organization (includes leadership) willing to participate in a training and coaching trajectory as outlined in the enclosed information brief?	
3.2	If yes above (elaborate on the main reason/ motivation to participate)	

3.3	For the advocacy for change: The training expects that you will commit to work with your organization for at least three months after the training, to support your organization in embedding claim making skills in its strategy/systems and or programs. If so, kindly share a signature endorsing this statement.		
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Part B: Training Needs Assessment:

This section focuses on helping the trainers understand your entry skill level to the training and to ensure that the training is responsive to your needs. It is in no way meant to disqualify you from participating in the training. Therefore, if your organization has no prior experience in claim making/taking civic action – kindly state so within the necessary sections.

4. ORGANIZATION'S TRAINING GOAL:

4.1	Objective/Goal that you want to realize after participating in the proposed training?	
4.2	What key skills would you like to have gained for the organization after training?	

5. BRIEF DESCRIPTION OF THE ORGANIZATION'S EXPERIENCE IN CLAIM MAKING:

5.1	Briefly state the vision, mission and description of your organization objectives:	
5.2	What are your key intervention areas (i.e. Water, health, sanitation etc.) <i>Elaborate concisely in bullets points.</i>	
5.3	Have you ever implemented a project that sought to mobilize support/undertake claim making/civic action ¹ . <i>Expound briefly.</i>	
5.4	In relation to 3.3, what were two of your main achievements if any?	

5.5	In relation to 3.3, what challenges did you face while engaging in the civic action? How did you mitigate these challenges?	
5.6	What are your two main interests in engaging in civic action? <i>Elaborate concisely in bullets points.</i>	
5.7	What are main reasons for any successful civic action you have undertaken?	

6. ORGANIZATION'S EXPERIENCE IN ENGAGING VARIOUS STAKEHOLDERS:

6.1	How do you involve beneficiaries including community members in your projects?	
6.2	How do you involve state actors and structures (i.e. central and devolved structures) in your projects?	
6.3	Are you a member of any network involved in claim making/ advocacy/civic action? Kindly share the name of the network and level of engagement. (national/county/sub county)	

If in need for clarity on this application form, kindly do not hesitate to get in touch with

Martha Olotu on phone number **0754 366 097**

Thank you for expressing interest on the program

- 1 Claim making/civic action refers to any possible actions to influence decision making or policies affecting grassroots level organizations, their beneficiaries and their work. It can include meetings between government and the public, to writing complaint letters or sharing recommendations with decision makers.



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