# Call for participation at Social Approach Learning Cluster

**Annex 2 – Application Form**

**Expression of interest in participation in Learning Clusters**

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| **Applicant**  |  |
| Name of the Local Government |  |
| Contact PersonName and Position |  |
| E-mail address |  |
| Telephone number |  |

Please select only one Social Approach and its Learning Cluster you are interested to attend

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|  | **Mark with (X)** |
|  | **Day-care Center** | Establishment of a Day-care Center as a family and community-based service at a local level |  |
|   | **Awareness Raising** | Awareness Raising on human rights, non-discrimination and inclusion at a local level |  |
|  | **Mobile Outreach Teams** | Establishment of Mobile Outreach Teams for provision of basic social services to vulnerable groups  |  |
|  | **Minority Inclusion Models** (select one) |
| **Social Dialogue Forum** | Establishment of a Social Dialogue Forum as a people-oriented approach in shaping local policies and services for vulnerable groups  |  |
| **Minority Comissioner** | Minority Commissioner an all inclusive social approach for creating social cohesion, reconciliation and appropriate conditions for minorities and other vulnerable groups |  |
|  | **Inclusive Disaster Risk Management**  | Inclusive Disaster Risk Management for municipalities to respond to disasters in a timely fashion and to protect vulnerable groups |  |

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| **Participation in the webinars on Social Approaches**  |  |
| Did representatives of your municipality attend the webinars on Social Approaches organized by NALAS and Local Government Associations? | Yes  | No  |
| Mark with (X) |
| **Day-care Center** |  |  |
| **Awareness Raising** |  |  |
| **Mobile Outreach Teams** |  |  |
| **Social Dialogue Forum** |  |  |
| **Minority Commissioner** |  |  |
| **Inclusive Disaster Risk Management**  |  |  |

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| **Participation on the e-Learning Courses of the NALAS e-Academy on Social Approaches**  |
| Did municipal representatives get a Certificate for completion of some of the following e-Learning Courses?  | Yes  | No  | Signed up\* | If yes, please provide the name of the municipal representative that got the Certificate for the particular Social Approach |
| Mark with (X) |
| **Day-care Center** |  |  |  |  |
| **Awareness Raising** |  |  |  |  |
| **Mobile Outreach Teams** |  |  |  |  |
| **Social Dialogue Forum** |  |  |  |  |
| **Minority Commissioner** |  |  |  |  |
| **Inclusive Disaster Risk Management**  |  |  |  |  |

\* The e-courses for the IDRM and MC approaches are not yet delivered. In case you aim at attending one of this courses, then select the option ***signed up***.

Please respond to the following questions:

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| 1. **Could you please provide information about the importance and relevance of the application of the selected Social Approach in your municipality?**
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| 1. **Why it is important for your citizens, and which particular vulnerable group will benefit from it? Please indicate the potential number of beneficiaries-vulnerable group.**
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| 1. **Is this Social Approach included within the municipal plans (strategic/action) for social protection? Please elaborate.**
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| 1. **Could you please indicate the key steps you will take in the implementation of the respective Social Approach?**
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| 1. **Does the municipally have experience in implementing projects in the social protection area, supported by international organizations?**
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| 1. **Has your municipality had any recorded disasters in the last 10 years?**

**If your answer is YES, please write when and which disasters occurred, as well as some general things about the negative impacts of the disaster.** |
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| 1. **Has your municipality cooperated with other institutions, organizations or municipalities in the area in disaster risk reduction processes or projects?**
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| 1. Cooperation with other municipalities in the area? Y / N

If the answer is Y, please briefly state the basic principles of cooperation (name of realized cooperation, goal of cooperation, name of partner, time and place of realization, monetary value of realized cooperation, if any, other realized benefits and information of importance):1. Cooperation with public institutions and organizations? Y / N

If the answer is Y, please briefly state the basic principles of cooperation (name of realized cooperation, goal of cooperation, name of partner, time and place of realization, monetary value of realized cooperation, if any, other realized benefits and information of importance):1. Cooperation with the non-governmental sector? Y / N

If the answer is Y, please briefly state the basic principles of cooperation (name of realized cooperation, goal of cooperation, name of partner, time and place of realization, monetary value of realized cooperation, if any, other realized benefits and information of importance): |

**Nominations of the municipal representatives for the Learning Cluster**

The Municipality needs to nominate two persons responsible for active participation within the respective Learning Cluster. The municipal representatives will attend two online regional events, actively contribute to the conceptualization and application period, as well as share their experiences and knowledge with peers from the WB municipalities.

The Learning Clusters’ events will be held in English language.

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|  | Nominated person |  |
|  | Name and Surname  |  |
|  | Position |  |
|  | Replacement person |  |
|  | Name and Surname  |  |
|  | Position |  |