



**FORM V.**  
**Registration Form for Sub-Regional Secretariats**

We appreciate your interest to partner with International Partnership for Expanding Waste Management Services of Local Authorities. If in full agreement with the Partnership’s mission and goal, an *Authorized Representative* of your Organization may complete and sign this **application form** and return it to the Partnership’s International Secretariat at the address mentioned below the form.

If you have any further clarifications, please contact International Partnership’s Coordinator at [ipla@uncrd.or.jp](mailto:ipla@uncrd.or.jp)

**1. DETAILS ABOUT THE AUTHORIZED REPRESENTATIVE**

*(Please provide direct contact details of a representative from your organization)*

Mr  Ms  Dr  First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of the ORGANIZATION : \_\_\_\_\_

Address of the organization :

Line 1 : \_\_\_\_\_

Line 2 : \_\_\_\_\_

Line 3 : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Website of the organization : \_\_\_\_\_

Direct Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Direct Email: \_\_\_\_\_

**2. SELECT SUB-REGION**

*(Please tick one)*

South Asia  Southeast Asia

Northwest Pacific and East Asia  Central Asia

Oceania (Australia and New Zealand)  Northern Africa



- |                             |                          |                 |                          |
|-----------------------------|--------------------------|-----------------|--------------------------|
| Western Africa              | <input type="checkbox"/> | Central Africa  | <input type="checkbox"/> |
| Eastern Africa              | <input type="checkbox"/> | Southern Africa | <input type="checkbox"/> |
| Latin America/South America | <input type="checkbox"/> | North America   | <input type="checkbox"/> |
| Western Europe              | <input type="checkbox"/> | Eastern Europe  | <input type="checkbox"/> |
| Central Europe              | <input type="checkbox"/> | Pacific Islands | <input type="checkbox"/> |
| Indian Ocean                | <input type="checkbox"/> | Caribbean       | <input type="checkbox"/> |
| Others, specify .....       |                          |                 |                          |

### 3. ORGANIZATIONAL DETAILS

*This section (Part A, B, C and D) is intended to evaluate the capacity of your organization in the area of waste management. Please furnish answers to the queries listed. A detailed answer is encouraged.*

#### Part A. Basic Profile

When was your organization established? Give month and year.

What is the population of your organization?

What is the area of your organization?

What is your organization's staff strength?

	Operational		Administration and other		Total
	Women	Men	Women	Men	
Full time					
Part time					
Contract					
Others					
Total					

What are the sole/ shared responsibilities and functions of your organization?

#### Part B. Technical Capacity



How many trained/ experienced waste management professionals/ experts does your organization have?

What are the key achievements of your organization in the area of waste management?

What are the main challenges that your organization is facing in executing projects related to waste management?

What are your organization's immediate priorities and needs in the area of waste management?

Has your organization participated directly or indirectly in waste management policy design for the country or region?

Has your organization worked with private or community organizations on issues related to waste management? Please substantiate with examples.

### **Part C. Governance Structure**

Does your organization have a policy statement clearly understood, approved and reviewed by all its members?

Does your organization have a clear mission statement clearly understood, approved and reviewed by all its members?

### **Part D. Finances**

What are the main sources of funding for your organization?

Does your organization follow acceptable accounting practices?

Does your organization prepare, monitor and review a budget?

Does your organization disseminate information about its financial performance through annual reports?

## **4. CONTRIBUTION TO NETWORK ACTIVITIES**

*(Please mark what network activity would your organization contribute in, as a partner)*

Disseminating information on your activities to the network

Participating in Events



- Participating in Projects
- Contributing expertise
- Offering voluntary funding
- Other (*please specify*):

## 5. PURPOSE

*(Please outline why your organization wants to partner with us)*

### **Mission Statement**

*We are committed to working with partners from governments, business, finance and civil society around the world to facilitate expansion of waste management services worldwide*

*The International Partnership for Expanding Waste Management Services of Local Authorities provides a new and flexible way of working together to achieve the common goal of 'Zero Waste'.*

*Through this Partnership we will share knowledge, communicate across national boundaries and work to spread best practice in order to accelerate the uptake of waste related infrastructure and services at various stages of waste management such as segregation, collection, transport, recycling, recovery, treatment and disposal.*

***Please tick the box to confirm that you have read and agreed to the mission statement***

I hereby apply for my organization to become a Partner; I certify that the above information is correct and that I have the authority to speak on the organization's behalf. With this signature,



my organization endorses the International Partnership's mission statement and wishes to work towards its goals.

Signed: \_\_\_\_\_

*(Your signature)*

On behalf of: \_\_\_\_\_

*(Name of the Organization)*

Name: \_\_\_\_\_

*(Your name)*

Date: \_\_\_\_\_