PEER SHADOWING 2020

## SI SUMMER ACADEMY FOR YOUNG PROFESSIONALS (SAYP)

## Background

SAYP peer shadowing is a short-term mobility grant, offered to former participants of the Swedish Institute (SI) Summer Academy for Young Professionals (SAYP) as an opportunity to spend one or two weeks at a counterpart, partner or other organisation of relevance, to closely follow one or several colleagues and observe how their workplace/organisation is structured, and functions in everyday practice. The instrument is flexible to the visiting peer’s personal interests, but also to needs of the home organisation to learn and get inspired by others.

Peer shadowing is expected to include discussions about observations made, comparisons and suggestions. Eventually, peer shadowing aims to support experience-sharing and prospects for mutual learning.

## Conditions

The peer shadowing grant is provided for full-time work weeks only, although the financial allowance may also be used for upkeep during connecting weekends. A peer shadowing visit cannot be shorter than one work week (min. 5 work days) in duration.

The application must be supported both by the applicant’s home organisation, as well as by an inviting host in the partner country. Signed letter (scanned to PDF format) of support and Peer Shadowing Agreement should be attached as enclosures with the application form sent to SI. Please observe that SI does not require any paper originals to be sent in along with the peer shadowing application.

## Enclosures

1. Letter of support by home organisation. The supporting letter should be provided by the applicant’s home organisation/employer and contain a testimony that explains which benefits they expect to gain (as an organisation) from the peer shadowing visit in the short-term as well as long-term perspective. Maximum 1 page.

2. Peer Shadowing Agreement. The agreement between the visiting peer and the host organisation confirms that the host organisation can host the SAYP alumnus/a for the proposed visit. The agreement acts as a formal assurance about expectations and responsibilities both for the visiting peer and the inviting host. The agreement should include a preliminary activity programme as well as a plan for experience-sharing and discussions about possible findings/conclusions. Template is found on the SI website.

## Application Procedure

Application for SAYP peer shadowing is done by e-mail. A complete application along with all enclosures should be sent to si@si.se with the text “Peer Shadowing 08959/2020” followed by the name of the applicant, in the e-mail title. The following documents must be attached in order for the application to be complete:

* Application form (find below)
* Letter of support (max. 1 page)
* Peer Shadowing Agreement (mandatory SI template)

If the proposal includes more than one host organisation to be visited, an invitation and agreement from each organisation must be included in the application.

The application periods are 2 March – 31 May 2020 and 1 September – 30 November 2020. SI accepts applications and takes decisions on an ongoing basis throughout the application period. A decision is usually communicated to the applicants at the latest one month after the application has been submitted.

## Report

When the SAYP peer shadowing visit has ended, a report should be completed and returned to SI. Instructions and a template for the report will be provided by SI together with the decision letter. The visiting peer is also expected to post a brief summary of his/her experiences from the visit in the [SI SAYP Facebook group](https://www.facebook.com/groups/SISAYP/).

## Contact

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Programme Manager

# APPLICATION FORM – PEER SHADOWING 2020

## SI SUMMER ACADEMY FOR YOUNG PROFESSIONALS (SAYP)

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| **SECTION A – DETAILS OF THE APPLICANT** |
| First name (spelled as in your passport) |       |
| Last name (spelled as in your passport) |       |
| Date of birth (YYYY-MM-DD)  |       |
| Citizenship (country of nationality) | Choose one option |
| Sex | Male       | Female       |

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| **SECTION B – CURRENT OCCUPATION/WORK** |
| Name of home organisation |       |
| Type of organisation |       |
| Country | Choose one option |
| Your current position/title |       |
| Your main responsibilities (brief description) |       |
| Contact person (Name, e-mail address) |       |

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| **SECTION C – PEER SHADOWING PROPOSAL** |
| Brief description/summary of the peer shadowing proposal (max 1000 characters) |       |
| Duration in total (number of weeks) | Choose one option |
| Start of peer shadowing period (YYYY-MM-DD) |       |
| End of peer shadowing period (YYYY-MM-DD) |       |

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| **SECTION D1 – HOST ORGANISATION** |
| Name of host organisation |       |
| Type of organisation |       |
| Areas of operation (brief description) |       |
| Country | Choose one option |
| Postal address |       |
| Website |       |
| Contact person (Name, e-mail address) |       |
| Duration (number of weeks) | Choose one option |
| Start of visit (YYYY-MM-DD) |       |
| End of visit (YYYY-MM-DD) |       |

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| **SECTION D2 – HOST ORGANISATION B\*\*** |
| Name of host organisation |       |
| Type of organisation |       |
| Areas of operation (brief description) |       |
| Country | Choose one option |
| Postal address |       |
| Website |       |
| Contact person (Name, e-mail address) |       |
| Duration (number of weeks) | Choose one option |
| Start of visit (YYYY-MM-DD) |       |
| End of visit (YYYY-MM-DD) |       |

**\*\***To be completed if the proposal suggests more than one host organisation to be visited.

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| **SECTION E – IMPORTANCE** |
| Describe a concrete challenge (or possibility for improvement) at your home organisation and/or in your current work, which you believe may be resolved or improved by the proposed peer shadowing visit. |
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| **SECTION F – PERSONAL MOTIVATION** |
| Give a short explanation of why this peer shadowing visit is important to you. Please also take the following aspects into consideration for your answer:* Personal development
* Professional development/career opportunities
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| **SECTION G – SIGNATURE OF APPLICANT** |
| Place and date |       |
| Full name |       |
| Signature |  |