

One National Authority - The Country Coordinating Mechanism against HIV Infection/AIDS, Tuberculosis and Malaria Diseases in Georgia (Georgia CCM)

Application Form

Name of the Candidate		Please attach CV
Name of the Organization		
Organizations identification code		
Constituency		Please choose one
1.	NGO (either international or national) active in the area of HIV/AIDS <input type="checkbox"/>	Please attach the charter of your entity and the list of HIV/AIDS projects implemented during the last three years
1.1.	Experience of working in HIV/AIDS field	<input type="checkbox"/> <3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> more than 5 years
2.	NGO (either international or national) active in the area of TB <input type="checkbox"/>	Please attach the charter of your entity and the list of TB projects implemented during the last three years
2.1.	Experience of working in TB field	<input type="checkbox"/> <3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> more than 5 years
3.	HIV KAP <input type="checkbox"/>	Please select one
3.1.	People who inject drugs	
3.3.	OTHER (please specify as per specification of the announcement)	
4.	HIV positive <input type="checkbox"/>	Please attach the detail description to illustrate how the candidate it linked to the Constituency. If the candidate acts on behalf of the organization please attach a charter of the organization
5.	TB KAP (please specify as per specification given in the announcement) <input type="checkbox"/>	Please attach the detail description to illustrate how the candidate is linked to the Constituency. If the candidate acts on behalf of the organization please attach a charter of the organization
6.	Person living with or previously living with TB <input type="checkbox"/>	Please attach the detail description to

		<p>illustrate how the candidate is linked to the Constituency. If the candidate acts on behalf of the organization please attach a charter of the organization</p>
	<p>The Organization is currently implementing the Global Fund supported projects</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>The organization plans to continue working (and has adequate resources) in the field of HIV and TB reselectively for the period of consecutive two years.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please clarify an answer</p>
	<p>The emergence of the Conflict of Interest is anticipated with admittance of the organization to CCM membership</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please clarify an answer</p>

The description of
the selection
process

Please attach to the application the supporting documentation of the selection process:

- 1) Description of the Constituency (which organizations, communities are unified in the Constituency, what is the purpose of this integration, other details describing the main characteristics of the Constituency)
- 2) The selection procedure and selection criteria developed within the Constituency
- 3) The minutes of the meeting convened with the purpose of selection of the candidate
- 4) Key documents demonstrating communication held with the purpose of selection of the candidate (e.g email communication on the announcement of the selection, invitation to the selection meeting etc.)
- 5) Detailed work plan with clear description of the mechanism for ensuring continuous feedback between the CCM and Constituency; specific key tasks and communication responsibilities which proposed candidacies need to fulfill as a representative of the Constituency;
- 6) The mechanism of the replacement of the member with unsatisfactory performance with another representative of the Constituency