

**The Lutheran World Federation**

Department for Mission and Development

Diakonia and Development Desk

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**Human Resource Capacity Profile of Endorsing Church**

**Human and Institutional Capacity Development (HICD) for LWF Member Churches**

*Please fill in all relevant information and submit the completed form together with up to five applications to LWF/DMD on or before 1 October.*

**1. Basic Information**

|  |  |
| --- | --- |
| **Name of Endorsing Church:** |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of Church Members:** |        |  |        |  |        |  |
|  | *Total* |  | *Female* |  | *Male* |  |
| **Number of:** |        |  |        |  |        |  |
|  | *Synods* |  | *Parishes* |  | *Congregations* |  |
| **Number of full-time Pastors:** |        |  |        |  |        |  |
|  | *Total* |  | *Female* |  | *Male* |  |

|  |
| --- |
| **Qualifications of full-time Pastors:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Certificate |       |       |       |
| Diploma |       |       |       |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |
| **Qualifications of Leadership Staff:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Certificate |       |       |       |
| Diploma |       |       |       |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |

**2. Institutions and Projects of the Church**

|  |  |
| --- | --- |
|  |  |
| **Institutions** | *How many?* | *Total staff* | *Female staff* | *Male staff* |
| Bible School |       |       |       |       |
| Seminary |       |       |       |       |
| Theological College |       |       |       |       |
| Primary School |       |       |       |       |
| Secondary School |       |       |       |       |
| College/University |       |       |       |       |
| Health Stations/Clinics |       |       |       |       |
| Hospitals |       |       |       |       |
| Diakonia Institution |       |       |       |       |
| *Please indicate the type/name of the church’s diakonia institution/s:*      |
| **Projects** *(Please indicate the type/name of the church’s project/s)* | *How many?* | *Total staff* | *Female staff* | *Male staff* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| --- |
| **Qualifications of theological training staff:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |
| **Qualifications of education teaching staff:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Certificate |       |       |       |
| Diploma |       |       |       |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |
| **Qualifications of health institution staff:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Certificate |       |       |       |
| Diploma |       |       |       |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |
| **Qualifications of project staff:** |
| *Qualification* | *Total number* | *Female* | *Male* |
| Certificate |       |       |       |
| Diploma |       |       |       |
| Bachelor Degree |       |       |       |
| Master Degree |       |       |       |
| Doctoral Degree |       |       |       |

**3. Human and Institutional Capacity Development (HICD)**

* 1. **Does the church have a long term plan for human resources development and/or capacity development?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES [ ]  | NO [ ]  |  |  |
| If yes, please indicate: | Years the long-term plan covers: |       |
|  | Name of decision-making body of the church: |       |
|  | Date of approval of the long-term plan: |    /    /      |
|  |  | *Day/Month/Year* |
| * 1. **How does the church mobilize resources for implementing the long-term plan? Please indicate the sources in percentages:**
 |
| *From its parishes and congregations:* | *From the LWF:* | *From other partners* |
|        % |        % |        % |
| * 1. **In case the church does not have a long-term plan for human resources development and/or capacity development yet, how did it come up with the current application for training support?**
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|        |

* 1. **Does the church have a Human Resources Development and/or Capacity Development Committee/Board?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES [ ]  | NO [ ]  |  |  |
| If yes, please indicate: | Number of Committee/Board members: |       |
| Educational background and diversities of the Committee/Board members in numbers:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Education* | *Total number* | *Female* | *Male* | *Youth* |
| Leadership |       |       |       |       |
| Management |       |       |       |       |
| Theology |       |       |       |       |
| Development |       |       |       |       |
| Other:       |       |       |       |       |
| Other:       |       |       |       |       |
| Other:       |       |       |       |       |

* 1. **Does the church have a policy or guideline for human resources development and/or capacity development?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES [ ]  | NO [ ]  |  |  |
| If yes, please indicate: | Date of approval: |    /    /      |
|  |  | *Day/Month/Year* |
|  | For how long is the policy valid? | Until       |
|  | Name of the approving board/committee of the church: |       |

* 1. **In case the church does not have a policy or guideline for human resources and/or capacity development yet, how does it regulate its education/training plans and priorities?**

|  |
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|        |

* 1. **Which areas or types of human resources development and/or capacity development would the church consider as its strategic need or critical requirement for its holistic ministry?** *Please indicate main areas with concrete examples. An additional sheet may be used if necessary.*

|  |
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|        |
| * 1. **Name and Position of the Church Official Signing on Behalf of the Church:**
 |
|       |  |       |
| *Name* |  | *Position* |
|  |  |  |
|       |  |  |
| *Place, Date* |  | *Signature and Official Stamp* |