







# **Application Form**for the Utility Governance Program



To participate in the Utility Governance Program, please fill out the form, print, sign, scan and submit it via email to **office@iawd.at**.

| Applicant's contact  |  |                    |                             |                 |                                 |        |            |  |
|--|--|--------------------|-----------------------------|-----------------|---------------------------------|--------|------------|--|
| Name:  | Surna  |                    |                             |                 | Surname:                        |        |            |  |
| Education:   |  |                    |                             |                 |                                 |        |            |  |
| E-mail address:  |  |                    |                             |                 |                                 | Phone: |            |  |
| Currently employed in:   | Utility  | Municipality       | Other                       | - spe           | cify:                           |        |            |  |
| Position in m  |  |                    |                             |                 |                                 |        |            |  |
| Institutional contact  |  |                    |                             |                 |                                 |        |            |  |
|  |  | Joining with       | ı: Utilit                   | у               | Municipality                    | Other  |            |  |
| Name of applicant's employer (full name in local language):  |  |                    |                             |                 |                                 |        |            |  |
| Street and number:   |  |                    |                             |                 |                                 |        |            |  |
| ZIP and city:  |  |                    |                             |                 | Country:                        |        |            |  |
| Management contact   |  |                    |                             |                 |                                 |        |            |  |
| Name:  |  |                    |                             |                 | Surname:                        |        |            |  |
| E-mail address:  |  |                    |                             |                 |                                 | Phone: |            |  |
| Participation Costs  |  |                    |                             |                 |                                 |        |            |  |
| My employer will cover my travel and accommodation costs to join the UGP:                                |  |                    |                             |                 | ⊃: Yes                          | No     | Partially  |  |
| I will cover my travel and accommodation costs to  |  |                    |                             | the UG          | res                             | INO    | , ar carry |  |
| I will cove  | r my travel and  |                    |                             |                 |                                 | No     | Partially  |  |
| I will cove  | r my travel and  |                    | sts to join t               | the UGF         |                                 |        |            |  |
| With my signature, I her<br>i. confirm the correctne<br>ii. declare that I have re<br>statement of IAWD; | ewith<br>ess of the infor<br>ad and unders                                 | d accommodation co | sts to join t  Manag  Stamp | the UGI<br>geme | P: Yes                          |        | Partially  |  |
| With my signature, I her<br>i. confirm the correctne<br>ii. declare that I have re                       | ewith<br>ess of the infor<br>ad and unders                                 | d accommodation co | sts to join t  Manag  Stamp | the UGI<br>geme | o: Yes                          |        |            |  |
| With my signature, I her<br>i. confirm the correctne<br>ii. declare that I have re<br>statement of IAWD; | ewith<br>ess of the infor<br>ad and unders                                 | d accommodation co | Stamp                       | the UGF         | o: Yes                          |        | Partially  |  |
| With my signature, I her<br>i. confirm the correctne<br>ii. declare that I have re<br>statement of IAWD; | ewith ess of the infor ad and unders ingly with the ewith ess of the infor | d accommodation co | Stamp  Stamp  Appli  Signa  | geme p and s    | or: Yes  nt Approval  ignature: |        | Partially  |  |

## **Utility Governance Program (UGP)**

### **Terms and Conditions**

#### 1. INTRODUCTION

The **Utility Governance Program** is a one-week training program, delivered by the regional Danube Hub (operated by IAWD) in the frame of the Danube Learning Partnership (www.d-leap.org). It builds awareness in utility governance processes, including financial, organizational, regulatory and business aspects alongside a deeper dive in some core water-sector functions such as operations, asset management and customer care

#### 2. TARGET GROUP

The broader goal of the UGP is to foster an informed dialogue between representatives of local authorities (municipal and regional ones), regulators, basin directorates, health inspectorates, central authorities with responsibility on Water Supply and Sanitation governance, economic and environmental regulators, asset and utility owners and the water operators themselves.

Pairs of municipal/regional representatives and their water utility counterparts are particularly encouraged to join.

#### 3. LANGUAGE

The Utility Governance Program is delivered in English, a working-level knowledge of this language is required for effective participation in the program.

#### 4. SET-UP AND DURATION OF THE PROGRAM

The program spans over one residential week with some preliminary data capture required from the participants. Some preliminary data capture might be required from the participants.

#### 5. PREREQUISITES

The applicant must be able and ready to participate in the residential week in person. Prior exposure to water governance practices is strongly recommended.

#### 6. CORE TOPICS OF THE UGP

With the core program trainers and the UGP host company, the participants will be exposed to practitioners, best-practice examples and relevant stakeholders in the sector. The key topics of the week, will evolve around the following:

- Utility management in the frame of local and regional governance
- Governance mechanisms and contractual models
- Regulations and tariff design
- Asset management from the perspective of both asset-owner and operator
- · Specific features of utility financials
- Business and investment planning
- Core utility processes such as operations and commercial management
- Responsible care for water resources

#### 7. PARTICIPATION FEES

The participation fee is covered by IAWD and with the support of the Regional Capacity Development Network (RCDN).

#### 8. OTHER COSTS

Travel and accommodation costs during the residential week must be covered by the participants.

#### 9. PRIVACY POLICY

The privacy of your data is important to IAWD. The data privacy statement of IAWD describes how we process your personal data. The data privacy statement of IAWD can be downloaded from www.iawd.at.







