



REPUBLIC OF GHANA

MINISTRY OF  
LOCAL GOVERNMENT,  
CHIEFTAINCY AND  
RELIGIOUS AFFAIRS

P.O.Box M50, Accra

Digital Address: GA-110-9895

Kindly quote this number and date on all correspondence

My Ref. No.

TS 335/541/01

Your Ref. No.

Date.

02 APR 2025  
24th APRIL, 2025

**RE: WORKSHOPS UNDER TAIWAN INTERNATIONAL COOPERATION  
AND DEVELOPMENT FUND (TAIWAN-ICDF), REPUBLIC OF CHINA  
(TAIWAN), 2025**

Please refer to the attached letter from the African-Asian Rural Development Organisation (AARDO), dated 24<sup>th</sup> March 2025, with reference number CB/WS/TaiwanICDF/2025 on the above subject matter.

2. The AARDO Secretariat has extended an invitation to the Government of Ghana to nominate suitable candidates to participate in the specialized workshops outlined in the referenced letter that have been scheduled to be held in the Republic of China (Taiwan).
3. The Ministry kindly requests that you nominate a **suitable candidate** from your organisation to apply based on the programme assigned to your organisation.
4. It is, however, important to note that the acceptance of the candidate's application is determined by AARDO and the Taiwan International Cooperation and Development Fund (Taiwan-ICDF). The criteria for the selection are based on the candidate's relevance to the subject of the programme and other conditions as detailed in AARDO's letter.
5. Please ensure that the nominees duly complete the attached ICDF form and submit along with a scanned copy of their passport biodata page to the Ministry through **Mr. David Nti Akrasi** via [david.akrasi@mlgrd.gov.gh](mailto:david.akrasi@mlgrd.gov.gh) before the deadline indicated against the programme for onward submission to the AARDO Secretariat. You may also call **0545757786** for any further clarification.
6. We count on your usual cooperation.

**AMIN ABDUL-RAHAMAN  
CHIEF DIRECTOR  
FOR: MINISTER**

**THE CHIEF DIRECTOR  
MINISTRY OF FOOD AND AGRICULTURE  
ACCRA**



**MINISTRY OF  
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**THE CHIEF DIRECTOR  
OFFICE OF THE HEAD OF THE LOCAL  
GOVERNMENT SERVICE  
ACCRA**

**THE DIRECTOR  
DEPARTMENT OF PARKS AND GARDENS  
ACCRA**

cc: Hon. Minister, MLGCRA  
Director, HRMD, MLGCRA  
Director, RSIM, MLGCRA



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**ASSIGNED PROGRAMMES**

<b>ORGANISATION</b>	<b>PROGRAMME</b>	<b>DEADLINE FOR SUBMISSION</b>
Ministry of Fisheries and Aquaculture	Workshop on Value Added Agriculture and Aquaculture 11-20 June 2025	11 <sup>th</sup> April 2025
Ministry of Food and Agriculture	Workshop on Low Carbon Agriculture (26 Aug – 4 Sept 2025)	1 <sup>st</sup> July 2025
OHLGS – Department of Agriculture (RCC)	Workshop on AI in Agrotechnology (II) (22-31 Oct 2025)	1 <sup>st</sup> August 2025
OHLGS – Department of Agriculture (MMDA)	Workshop on AI in Smart Healthcare (II) (28 Oct – 06 Nov 2025)	1 <sup>st</sup> August 2025
Department of Parks and Gardens	Workshop on Ecotourism (05-14 Nov 2025)	1 <sup>st</sup> August 2025



OFFICE OF THE  
SECRETARY GENERAL

No. CB/WS/TaiwanICDF/2025  
24 March 2025



مكتوب  
الأمين العام

H.E. the Minister of Local Government, Chieftaincy and Religious Affairs,  
and Hon'ble Vice President of AARDO from Africa  
Government of the Republic of Ghana  
Accra, Ghana

**Subject: Workshops under Taiwan International Cooperation and Development Fund (Taiwan-ICDF),  
Republic of China (Taiwan), 2025**

Excellency,

I have the honour to inform Your Excellency that the African-Asian Rural Development Organization (AARDO), in collaboration with the esteemed Government of the Republic of China (Taiwan), has made arrangements for participation of suitable candidates from AARDO member countries in the following specialized workshops to be held under the auspices of Taiwan-ICDF, during 2025:

Sl. No	Title of the Course	Duration	Closing Date For Nominations
1.	Workshop on Value Added Agriculture and Aquaculture	11-20 June 2025	20 April 2025
2.	Workshop on Low Carbon Agriculture	26 Aug - 04 Sep 2025	10 July 2025
3.	Workshop on AI in Agrotechnology (II)	22-31 Oct 2025	31 Aug 2025
4.	Workshop on AI in Smart Healthcare (II)	28 Oct - 06 Nov 2025	05 Sep 2025
5.	Workshop on Ecotourism	05-14 Nov 2025	25 Aug 2025

Nominees must satisfy the following:

**Essential Qualifications:**

- Minimum a bachelor's degree in the **Relevant Field**, with considerable working experience in planning and executing the programmes related to subject of the programme.
- Must be subject specialist and related to the subject of the programme.
- Proficiency in spoken and written English language, as the medium of conducting the programme is English only and translation facilities into any other language would not be available.
- Must be below 50 (fifty) years of age with no participation in AARDO's offline programme over the last two years.
- Must be in good health to undergo the programme.

Excellency will appreciate that this fellowship has expenditure inclusions and exclusions as highlighted in the following table:

S. No	Included (Borne by AARDO and Partner Institution/Government)	Exclusions (to be borne by nominating government/institution or candidate)
1	Programme Fee, Board & Lodging	Pre-Programme expenses: Passport, Visa Fee, Vaccination, Airport Taxes etc.
2	Return Air Ticket by economy class (from Capital City)	Travel and Health Insurance Premium
3	Literature/Course Materials	Telephone Calls, Laundry
4	Study Visits during the programme	Medical Expenses
5	Local Travel (Airport transfers)	Extra Baggage Allowances (Above that provided by the Airline)
6	Daily Token Allowance (Subsistence)	Post Programme expenses: any other expense after the event

Excellency's esteemed Government may wish to provide some allowances to its selected candidate(s), especially to meet the expenses which are excluded under this fellowship. **All participants would have to carry a valid travel health insurance cover.**

Excellency is requested to kindly arrange to nominate a suitable candidate to the above-mentioned programme(s). The prospective nominees are required to submit duly completed enclosed application form. The form may also be retrieved through the link: <https://aardo.org/ICDF-Form.docx> The duly filled-in application form, passport copy along with nomination letter, may kindly be forwarded to AARDO (through email: [cbdp@aardo.org](mailto:cbdp@aardo.org)) **Last dates for receiving the nominations are indicated above against each workshop.** Nominations received after the closing dates or incomplete in any respect are likely not to be considered. In view of the availability of slots and response from the member countries, selection of candidates will be made in consultation with the Taiwan-ICDF.

**Excellency will appreciate that the preference will be given to the nominees from member countries which are regularly paying their membership contribution to AARDO.**

Kindly accept, Excellency, the renewed assurances of my highest consideration.

Sincerely,



Dr. Manoj Nardeosingh  
Secretary General, AARDO

Copy to:

Hon'ble Chief Director,  
Ministry of Local Government, Decentralization and Rural Development,  
Government of the Republic of Ghana and Hon'ble Vice President of the Executive Committee of AARDO  
Accra, Ghana

Mr. Divine Y. Ayidzoe  
Director, Research, Statistics and Information Management  
Ministry of Local Government, Chieftaincy and Religious Affairs,  
Government of the Republic of Ghana and the Hon. Regional Representative of African-Asian Rural Development  
Organisation for West Africa  
Accra, Ghana

High Commission of the Republic of Ghana  
50 N, Satya Marg Chanakyapuri,  
New Delhi - 110021, India



*Application for International Human Resource Development Workshop Programs*

**PROGRAM TITLE:**

**Instructions**

The candidate in typewritten form should complete this form in **English**. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached.

**1. PERSONAL DATA**

a. NAME	Dr./Mr./Mrs./Miss		Attach Recent Photograph Here									
	Surname (Last name)											
	Given Name (First Name)		Middle Name									
b. HOME ADDRESS	Tel: Mobile: Telegram id:											
c. NATIONALTY	E-mail:											
d. SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female	e. MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married							
f. DATE OF BIRTH	Day: / Month: / Year:			AGE:								
g. RELIGION												
h. HEALTH CONDITION												
i. CHRONIC DISEASE	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please specify											
j. DIETARY RESTRICTION	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please specify											
k. LANGUAGE PROFICIENCY	LISTEN			READ			WRITE			SPEAK		
	Excellent	Fair	Limited	Excellent	Fair	Limited	Excellent	Fair	Limited	Excellent	Fair	Limited
ENGLISH												
FRENCH												

I. CONTACT PERSON, IN CASE OF EMERGENCY	Name: Relationship: Address: Tel:
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## 2. PRESENT EMPLOYMENT

a. JOB POSITION		Month	year
	Since :		
b. COMPAYN/ ORGANIZATION			
c. ADDRESS	Tel: Fax:		
d. TYPE OF ORGANIZATION	<input type="checkbox"/> Govt. Ministry/ Agency <input type="checkbox"/> University/ Institution <input type="checkbox"/> Govt./State Owned Enterprise <input type="checkbox"/> Locally Owned <input type="checkbox"/> Joint Venture Enterprise <input type="checkbox"/> Foreign Owned Enterprise <input type="checkbox"/> NGO		
e. <u>PRESENT JOB DUTIES</u> (years of employment)	years of employment		

## 3. PURPOSE OF APPLICATION

a.	<u>CURRENT ISSUES:</u> Describe the reasons for your organization claiming the need to participate in the training program, with reference to issues or problems to be addressed.
b.	<u>OBJECTIVE:</u> Describe what your organization intends to achieve by participation in the training program.

**4. EDUCATION AND TRAINING**

Note: Highest Diploma Only.

School Name	Subject	Qualifications (Certificate / Diploma / Degree)	Year Obtained

**5. PREVIOUS EMPLOYMENT/JOB EXPERIENCE**

Note: For Each Pervious Job Experience

POSITION:	ORGANIZATION WORKED FOR:	PERIOD OF EMPLOYMENT:	JOB DUTIES:

6.RECOMMENDATIONS OF NATIONAL/INTERNATIONAL SELECTING

AUTHORITY/INSTITUTE

Comments on

1. Educational qualifications:
2. Experience in the subject to be student:
3. Age:
4. Health and personality of the candidate:

## 7. DECLARATION BY CANDIDATE

1. I hereby declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the program, even when it is in progress.
2. I declare that I am not suffering from any serious disease and that I am not hindered in the performance of my duties by any illness or disability:
3. I hereby undertake to abide by the laws of the Republic of China (Taiwan) during my stay in Taiwan and undertake to do the following:
  - 1.1 Fulfill due performance as required in attendance.
  - 1.2 Not seek employment or engage in any political activities.
  - 1.3 Bear any additional expenses or risks incurred as a result of any changes initiated by myself.
  - 1.4 Not bring with me any family member or friends.
4. I fully agree that the TaiwanICDF has the right to terminate the eligibility of my training if, during my stay in the ROC (Taiwan), my behavior causes serious difficulties for the management of the TaiwanICDF or the training institution.
5. I understand that during my stay in the ROC (Taiwan), only those matters related to the training program will be settled in accordance with the TaiwanICDF's rules and regulations, and that the TaiwanICDF's decision will be final and will be implemented accordingly. Cases irrelevant to the training program shall be otherwise of my own responsibilities and at my own cost.

Signature: \_\_\_\_\_

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

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



*Application for International Human Resource Development Workshop Programs*

**PROGRAM TITLE:**

**Instructions**

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c. NATIONALITY	E-mail:											
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f. DATE OF BIRTH	Day: / Month: / Year:			AGE:								
g. RELIGION												
h. HEALTH CONDITION												
i. CHRONIC DISEASE	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please specify											
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ENGLISH												
FRENCH												

1. CONTACT PERSON, IN CASE OF EMERGENCY	Name:
	Relationship:
	Address:
	Tel:

## 2. PRESENT EMPLOYMENT

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		Since :	
b. COMPANY/ ORGANIZATION			
c. ADDRESS	Tel: Fax:		
d. TYPE OF ORGANIZATION	<input type="checkbox"/> Govt. Ministry/ Agency <input type="checkbox"/> University/ Institution <input type="checkbox"/> Govt./State Owned Enterprise <input type="checkbox"/> Locally Owned <input type="checkbox"/> Joint Venture Enterprise <input type="checkbox"/> Foreign Owned Enterprise <input type="checkbox"/> NGO		
e. <u>PRESENT JOB DUTIES</u> (years of employment)			
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Signature: \_\_\_\_\_

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

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