Application Form

Application deadline: July 6, 2018

Your application must include all of the documents listed below:

🞎The completed Application Form

🞎The Memorandum of Agreement duly signed by the Applicant and the Director of the Applicant’s organization

🞎A letter of recommendation from a national or international human rights organizations (other than the Applicant’s) familiar with the Applicant’s work and/or the work of his or her organization

🞎A brochure or a document describing the Applicant’s organization

*All documents should be sent to Milagros Arguelles by email at barguelles@equitas.org. The signed Memorandum of Agreement may be scanned and sent by email.*

*Please send the completed application form as soon as possible in order to*

*facilitate the processing of your application.*

APPLICATION FORM

Please be sure to complete all sections of the application form.   
Only applicants who submit a complete Application Form will be considered.

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| **APPLICANT INFORMATION** | |
| Last name: | First name: |
| Gender:  Male  Female  Other | |
| Address: | |
| City: | Province: |
| Email | Telephone/Mobile : |

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| **APPLICANT PROFILE** | | | | |
| 1. Job title: | | | | |
| 2. Status:  Staff  Volunteer  Other, please specify (ex. consultant, adviser): | | | | |
| 3. Description of applicant’s overall responsibilities or role in the organization: | | | | |
| 4. Education: Please state your highest level of education and field of study. | | | | |
| **Experience** | | | | |
| 5. Please describe your past and present involvement with peacebuilding, conflict resolution, transitional justice, and/or human rights education. | | | | |
| Date | Organization | | Responsibilities | |
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| 6. Please list any Human Rights Training Programs you have attended: | | | | |
| Date | Location | Host organization | | Name of Program |
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| **LANGUAGE** | | |
| 7. English Language Proficiency (Please check your language proficiency below): | | |
| Ability to understand | Ability to speak | Ability to read |
| **□** Understand without difficulty | **□** Speak fluently and accurately | **□** Read fluently |
| **□** Understand almost everything  (if addressed slowly) | **□** Speak intelligibly  (but not always accurate) | **□** Read slowly |
| **□** Require a lot of translation and repetition | **□** Speak with difficulty  (often looking for words) | **□** Read with difficulty |
| **MOTIVATION & TRANSFER OF LEARNING** | | |
| 8. The main goal of this workshop is to strengthen the capacity of participants to undertake activities grounded in a human rights-based approach that mitigate conflict. Please give concrete example(s) how you will use the learning gained in this Workshop. | | |

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| **Personal information (FOR ACCOMODATION and Insurance PURPOSES)** | |
| 9. Date of birth (dd/mm/yyyy): | 10. Smoker:  Yes  No |
| 11. Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12. Allergies:  Yes  No If yes, please specify  (e.g. food / animals / other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. Special needs - Please state any special needs **with respect to diet** (e.g. vegetarian/no pork/no beef)**, physical disability or other religious/medical needs:** | |
| 14. Religion (optional response):  Buddhist  Christian  Hindu  Muslim Other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Organizational Profile (only if applicant is a Staff Member or Volunteer in an organization)** | | | |
| 15. Name of Organization: | | | |
| 16. Name of Director of Organization: | | | |
| 17. Telephone of Director: | | 18. Email (Director): | |
| 19. Please indicate the organization type:  Academic institution  Local NGO | National or Regional NGO  National Institution | | Other (please specify below):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **MEMORANDUM OF AGREEMENT** | |
| The Memorandum of Agreement must be signed by both the Director of the organization and by the Applicant. If the Applicant is the Director of the organization, please have the Chair of the Board sign the Memorandum. | |
| **The organization confirms that the Applicant:**  Personally completed the application form  Is committed to fully participate in all Workshop activities  **The organization agrees to:**  Assist the Applicant, if accepted, to fully prepare for and participate in the Workshop and to carry out the related follow-up activities | |
| Name of Organization: | |
| Name of Director | |
| Director’s signature | Date (dd/mm/yyyy): |
| **The Applicant agrees to:**  Attend and participate fully in all sessions and activities that are part of the Workshop  Participate in all evaluation activities during the Workshop and after its completion  Show openness and respect towards other participants and all other individuals involved in the Workshop.  “ Equitas’ Code of Conduct requires participants, facilitators, resource people and staff to respect each other’s dignity, values, religion and culture, irrespective of race, gender, national or ethnic origin, religion, sexual orientation, age or disability.” | |
| Applicant’s Last Name, First Name: | |
| Applicant’s signature: | Date (dd/mm/yyyy): |