

2026 East Africa Human Rights Program (EAHRP)

Application Form

East Africa

# Application deadline: June 30, 2025

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| **Your Application must include all of the documents listed below:**  1. The **completed Application Form** *(Part A completed by the Director of the Candidate’s organization or a Community Leader if not affiliated with an organization; Part B completed by the Candidate)*  2. The **Memorandum of Agreement** duly signed by the Candidate **and** the Director/Chair of the Candidate’s organization/Community Leader  3. **Two signed headed letters** of recommendation  4. **A brochure if available** (and/or mission statement) describing the Candidate’s organization |

*All Documents should be sent by email;* ***(the signed Memorandum of Agreement and the signed supporting letters may be scanned and attached to the email)***

*The Candidate’s name, country and the name of the organization must appear on all documents.*

*Please save the Application Form the following way before emailing it back to us:* ***(country last name of candidate.doc (for example: Uganda\_Lukoye.doc)***

*Send all the required documents as soon as possible in order to facilitate the processing of your application.*

The deadline for submitting applications is **June 30, 2025**

**Please submit to the Email address:** [eahrp2026@tusongecdo.org](mailto:eahrp2025@gmail.com)

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| For internal use:  ID:       Re: |

##### 2026 EAHRP APPLICATION FORM

Please be sure to complete all sections of the application form and to answer each question fully. Incomplete applications will not be processed. Only applicants who submit the 2026 EAHRP Application Form will be considered.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| 1. Last (family) name (as it appears on your passport or identity card): | | | | | 1. First name (as it appears on your passport or identity card): | | | | | | | | |
| 1. Gender:   Male  Female  Other (you may fill in the blank if you wish to specify your gender identity): | | | | | Work email (of the Candidate):  Personal email (of the Candidate):  *Note: It is important to provide active email addresses, as it is the main method of communication* | | | | | | | | |
| Mobile phone:  Alternative phone: | | | | | WhatsApp number (optional): | | | | | | | | |
| Twitter ID (optional): | | | | | Home Address: | | | | | | | | |
| Home Country | | | | | 1. Home City: | | | | | | | | |
| 1. Do you identify as a member of one or more of the following groups that are subject to discrimination, exclusion and other forms of human rights violations? If yes, check one or many boxes below to indicate which one(s):   Persons with disabilities   LGBTQI persons   Indigenous community   Ethnic minority   Religious minority   Other - If you choose “other” please specify: | | | | | | | | | | | | | |
| **PART A: PROFILE OF CANDIDATE’S ORGANIZATION (to be completed by the director/coordinator/chairperson of the organization)** | | | | | | | | | | | | | |
| Name of organization: | | | | | | | | | | | | | |
| Name of Director/Coordinator/Chairperson: | | | | | | | | | | | | | |
| Mailing address of the organization: | | | | | | | | | | | | | |
| **Number:** | **Street:** | | | | | | | | | | | | **P.O. Box:** |
| **City:** | | | | | | **Province/County/ District:** | | | | | | | |
| **Postal Code:** | | | | | | **Country:** | | | | | | | |
| 4. Telephone: | | | | | | 6. Email (of the organization): | | | | | | | |
| 7. Email (of the Director/Coordinator/ Chairperson): | | | | | | | | | | | | | |
| 8. Website of organization, if available: | | | | | | | | | | | | | |
| 9. Facebook page of the organization, if available: | | | | | | | | | | | | | |
| 10. Year in which organization was established: | | | | | | | | | | | | | |
| 11. Number of staff:     Full time     Part time | | | | | | 12. Number of volunteers: | | | | | | | |
| 13. Please indicate the type of organization you work for:  Local NGO) or Community-Based Organization (CBO) or Self Help Group (SG  National NGO  International NGO  National Institution (*e.g., Human Rights Commission,   Ombudsman*)  Inter-governmental organization | | | | | | Academic or Research Institution  Government  Foundation  Network and coalition  Other, please specify | | | | | | | |
| **ACTIVITIES** | | | | | | | | | | | | | |
| 14.Please list 3 main human rights thematic issues your organization is involved in; (e.g. Human Rights Education in schools, monitoring of minority rights, advocacy for women’s rights, Civic education etc.) | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| **Expected benefit to the organization** | | | | | | | | | | | | | |
| 15. Please describe how your organization/community would benefit from your participation in the EAHRP.      . | | | | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | |
| 16. References (Please list the names of organizations and contact persons to be contacted as references). | | | | | | | | | | | | | |
| Organization | | | Contact person | | | | | Telephone | | | | Email | |
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| **PART B: APPLICANT’S PROFILE (To be completed by the Applicant)** | | | | | | | | | | | | | |
| 17. Last (family) name: | | | | | | First name: | | | | | | | |
| 18. Job title within your organization: | | | | | | | | | | | | | |
| 19. Status:  Staff  Volunteer | | | | | | | | | | | | | |
| 20. How long have you been working with this organization? | | | | | | | | | | 21. Start date: | | | |
| 22. Describe your overall responsibilities in the activities undertaken by your organization: | | | | | | | | | | | | | |
| 23. Describe your responsibilities linked to Human Rights Education activities undertaken by your organization (e.g.: developing human rights training material, facilitating training sessions, etc.): | | | | | | | | | | | | | |
| 24. Where did you hear about the East Africa Human Rights Program? | | | | | | | | | | | | | |
| **LANGUAGE** | | | | | | | | | | | | | |
| 25. Language proficiency in English (Please check the appropriate level): | | | | | | | | | | | | | |
| 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  *(needs dictionary)* | | |
| **EXPECTED BENEFIT** | | | | | | | | | | | | | |
| 26. In your own words please provide a motivational statement on how you will personally benefit, how your target community will benefit and how your organization will benefit as a result the training. (Using three hundred (300) words only). | | | | | | | | | | | | | |
| **FAMILIARITY OF HUMAN RIGHTS-BASED APPROACH/ HUMAN RIGHTS SYSTEM / LOCAL LAWS** | | | | | | | | | | | | | |
| **27.** Rate your level of familiarity with Human Rights-Based Approach (HRBA) framework. Refer to the legend in the right column to guide you.  Level of familiarity:  1  2  3  4 | | | | | **LEVEL OF FAMILIARITY**  1 = No knowledge of ***or*** no experience with HRBA (I have never heard about this approach before) 2 = Limited knowledge of ***or*** limited experience with HRBA (I know about HRBA but I have never applied it in my work) 3 = Familiar (I occasionally apply HRBA in my work) 4 = Very familiar (I regularly apply HRBA in my work) | | | | | | | | |
| 28. Rate your familiarity with each of the human rights instruments listed below. Refer to the legend in the right column to guide you. | | | | | LEVEL OF FAMILIARITY  1 = Not familiar (No experience with this instrument)  2 = Somewhat familiar (Limited experience with the instrument)  3 = Familiar (Work with the instrument occasionally)  4 = Very familiar (Work regularly with the instrument) | | | | | | | | |
| Universal Periodic Review | | | | | 1  2  3  4 | | | | | | | | |
| African Charter on Human and Peoples’ Rights | | | | | 1  2  3  4 | | | | | | | | |
| Please describe any local, national, regional or international laws which you are using in your day to day work. | | | | | | | | | | | | | |
| NEEDS AND OFFERS | | | | | | | | | | | | | |
| 29. Indicate in the spaces provided below, two (2) of your “learning expectations” (what you expect to learn during the program) and two (2) “offers” (what you have to offer in terms of knowledge, skills and experience).  Learning Expectations:  1.  2.  Offers:  1.  2. | | | | | | | | | | | | | |
| **PARTICIPATION FEE** | | | | | | | | | | | | | |
| 30. The participation fee is 3,500$ USD The stated amount covers: tuition, program materials, accommodation, meals, but does not include travel costs.  Will your organization financially support your participation?  Yes  Partially No  If your organisation can partially support your participation, please specify the amount or nature of this contribution: | | | | | | | | | | | | | |
| 31. Do you wish to be considered for a bursary?  Yes  No  If no, please indicate the name of the organization that will financially support your participation**:** | | | | | | | | | | | | | |
| **Personal information (for accommodation, visa and insurance purposes)** | | | | | | | | | | | | | |
| 32. Citizenship: | | 33. Passport or Identity Card number: | | | | | | | 34. Passport issue date:  Day:    Month:  Year: | | | | |
| 35. City of birth: | | 36. Passport city delivery: | | | | | | | 37. Passport expiration date:  Day:    Month: Year | | | | |
| 38. Date of birth:  Day:    Month: Year: | | | | | | | 39. Smoker:  Yes  No | | | | | | |
| 40. Dietary restrictions:  Yes  No  If yes, please specify below at question 42 (e.g. Vegetarian/no pork/no beef) | | | | | | | 41. Allergies:  Yes  No  If yes, please specify below at question 42 (e.g. food / animals / medication / other). | | | | | | |
| 42. Special needs - Please state any special requirements **with respect to diet, physical or mental disability or other religious or medical requirement/s:** | | | | | | | | | | | | | |
| **Release of information** | | | | | | | | | | | | | |
| Note: Agreeing or not agreeing to any of these information sharing possibilities will **NOT** impact on the consideration of the application, which is assessed only according to the selection criteria identified in the Program Information Package.  **Inclusion in the ‘Directory of Participants’**  A ‘Directory of Participants’ may be prepared to support the networking and collaborative efforts of civil society organizations, academic or national human rights institutions, and government departments. The Directory includes the contact information and a short biographical note for each participant, facilitator and resource person and for their organization and members of the EAHRP organizing committees. Photographs are also included for those who agree. All EAHRP participants, organizing committee members as well as facilitators and resource persons receive a copy of the Directory of Participants. However, the EAHRP organizing committee recognizes that public release of personal information may carry risks for some human rights educators and activists. Inclusion in this Directory is subject to your express agreement; EAHRP organizers can assume no responsibility for misuse of this information by its recipients.  43. I agree to be included in the Directory of Participants  Yes  No  44. I agree to have my picture included in the Directory of Participants and other EAHRP activities  Yes  No | | | | | | | | | | | | | |
| **Sharing information with other organizations**  EAHRP organizers frequently receive requests for participant information from like-minded organizations (CBOs, NGO’s, funding, academic organizations and international organizations) working to build a culture of human rights. Release of contact and organizational information, other than to funders of the EAHRP, is subject to your express agreement. Information is only shared where EAHRP organizers are of the opinion that doing so will assist participants and/or their organizations to make new contacts, to network, and to raise funds for their activities; however, EAHRP organizers can assume no responsibility for misuse of the information provided.  45. I agree that the EAHRP organizing committee may share my contact and organizational information with outside organizations.  Yes  No | | | | | | | | | | | | | |

*Please save the Application Form the following way before emailing it back to us:* ***(country\_last name of candidate.doc (for example: Uganda\_Lukoye.doc or Kenya\_Maina.doc or Tanzania\_Matinyi.doc)***

*Be sure to also send all the other documents required together with your Application Form,* ***(i.e. the signed Memorandum of Agreement, the signed supporting letters on headed paper and the brochure)***

*As soon as your application form is processed, you will be receiving an application form number: this might take a few days. If you haven’t received an application form number by* ***July 4th, 2025****, please contact us at*[***eahrp2026@tusongecdo.org***](mailto:eahrp2026@tusongecdo.org)