

2015 International Human Rights Training Program (IHRTP)

Application Form

June 7 – June 26, 2015

Montreal, Canada

# Application deadline for International Applicants: November 17, 2014

# Application deadline for Canadian residents/citizens : March 27, 2015

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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; Part B completed by the Candidate)*  □2. The **Memorandum of Agreement** duly signed by the Candidate **and** the Director of the Candidate’s organization  □3. **Two supporting letters** from national and/or international human rights organizations (other than the Candidate’s) familiar with the Candidate’s work and/or the work of his or her organization  □4. **A brochure** (and/or mission statement) describing the Candidate’s organization |

*All documents should be sent by email; the signed Memorandum of Agreement and the supporting letters may be scanned and sent by email, or sent by fax or by mail.*

*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: canada\_bradley.doc)*

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

**For *International Applicants****: The* deadline for submitting applications is **November 17, 2014**.

**For *Canadian residents/citizens****:* The deadline for submitting applications is **March 27, 2015.**

Email address: [ihrtp-pifdh@equitas.org](mailto:ihrtp-pifdh@equitas.org), Fax: 1-514-954-0659

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H3A 1E7

Canada  
Telephone: 1-514-954-0382

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| For internal use:  ID:       Re: |

##### 2015 IHRTP 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 2015 IHRTP Application Form will be considered.

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| **CANDIDATE NOMINATED** | | | | |
| Last (family) name (as it appears on your passport): | | First name (as it appears on your passport): | | |
| Gender:  Male  Female | | Work email (of the Candidate):  Personal email (of the Candidate): | | |
| Telephone:  Cell /Mobile phone : | | Fax: | | |
| Home address: | | | | |
| *Note: It is important to provide active email addresses, as it is the main method of communication* | | | | |
| **PART A: PROFILE OF CANDIDATE’S ORGANIZATION (to be completed by the Director of the organization)** | | | | |
| 1. Name of organization: | | | | |
| 2. Name of Director: | | | | |
| 3. Mailing address of the organization: | | | | |
| Number: | Street: | | | P.O. Box: |
| City: | | | Province/State: | |
| Postal Code: | | | Country: | |
| 4. Telephone: | | | 5. Fax: | |
| 6. Email (of the organization): | | | 7. Email (of the Director): | |
| 8. Website: | | | | |
| 9. Year in which organization was established: | | | | |
| 10. Number of staff:       Full time       Part time | | | 11. Number of volunteers: | |
| 12. Please indicate the type of organization you work for:  Local NGO or Community-Based Organization (CBO)  National NGO  International NGO  National Institution (*e.g., Human Rights Commission,   Ombudsman*) | | | Academic or Research Institution  Government  Other, please specify | |
| **ACTIVITIES** | | | | |
| **13.** Please list your organization’s three (3) main areas of activity (in order of priority) and identify the thematic focus of each one(e.g. HRE in schools, monitoring of minority rights, advocacy for women’s rights) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

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| **ACTIVITIES (cont’d)** | | | | | | | | | | | | | |
| 14. Please describe three (3) Human Rights Education activities undertaken by your organization. | | | | | | | | | | | | | |
| **Activity 1** | Title: | | | | | | | | | | | | |
| Year: | | | | | | | | | | Duration: | | | |
| Goal: | | | | | | | | | | Target audience: | | | |
| Type of activity: Workshop  Publication  Advocacy campaign  Public event  Other  (please specify) | | | | | | | | | | | | | |
| Description of activity (please include information about topics covered, objectives, methods used, etc.): | | | | | | | | | | | | | |
| Role of Candidate in activity: | | | | | | | | | | | | | |
| Was this activity evaluated? Yes  No  If yes, please describe the evaluation process used before, during and after the activity:  Results of the activity: | | | | | | | | | | | | | |
| **Activity 2** | Title: | | | | | | | | | | | | |
| Year: | | | | | | | | | | Duration: | | | |
| Goal: | | | | | | | | | | Target audience: | | | |
| Type of activity: Workshop  Publication  Advocacy campaign  Public event  Other  (please specify) | | | | | | | | | | | | | |
| Description of activity (please include information about topics covered, objectives, methods used, etc.): | | | | | | | | | | | | | |
| Role of Candidate in activity: | | | | | | | | | | | | | |
| Was this activity evaluated? Yes  No  If yes, please describe the evaluation process used before, during and after the activity:  Results of the activity: | | | | | | | | | | | | | |
| **Activity 3** | Title: | | | | | | | | | | | | |
| Year: | | | | | | | | | | Duration: | | | |
| Goal: | | | | | | | | | | Target audience: | | | |
| Type of activity: Workshop  Publication  Advocacy campaign  Public event  Other  (please specify) | | | | | | | | | | | | | |
| Description of activity (please include information about topics covered, objectives, methods used, etc.): | | | | | | | | | | | | | |
| Role of Candidate in activity: | | | | | | | | | | | | | |
| Was this activity evaluated? Yes  No  If yes, please describe the evaluation process used before, during and after the activity:  Results of the activity: | | | | | | | | | | | | | |
| **Expected benefit to the organization** | | | | | | | | | | | | | |
| 15. Please describe how your organization would benefit from the Candidate’s participation in the IHRTP. | | | | | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | |
| 16. References (Please list the names of national and/or international organizations that can be contacted if we have any questions about your organization). Please note that Equitas may contact the references listed, therefore please provide complete information. | | | | | | | | | | | | | |
| Organization | | | | Contact person | | | | | Telephone/Fax | | | Email | |
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| **PART B: PROFILE OF CANDIDATE (To be completed by the Candidate)** | | | | | | | | | | | | | |
| 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. Description of overall responsibilities: | | | | | | | | | | | | | |
| 22. Describe your responsibilities in the Human Rights Education activities undertaken by your organization (e.g. developing human rights training material, facilitating training sessions): | | | | | | | | | | | | | |
| 23. Where did you hear about the International Human Rights Training Program? | | | | | | | | | | | | | |
| **EXPERIENCE** | | | | | | | | | | | | | |
| 24. Please describe your past and present involvement with human rights (other than in your current organization): | | | | | | | | | | | | | |
| Dates | | Organization | | | | | Responsibilities | | | | | | |
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| 25. Please list any Human Rights Training Programs you have attended. | | | | | | | | | | | | | |
| Year and length | | Location | Host organization | | | | Name of the Program | | | | | | |
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| 26. Education (start with last institution attended): | | | | | | | | | | | | | |
| Name of institution and place of study | | | Years of study | | | | Major fields of study | | | | | Degree | |
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| **LANGUAGE** | | | | | | | | | | | | | |
| 27. Preferred language of instruction:  French  English | | | | | | | | | | | | | |
| 28. 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 to the candidate** | | | | | | | | | | | | | |
| 29. Please explain how you will personally benefit from your participation in the IHRTP: | | | | | | | | | | | | | |
| **PARTICIPATION FEE** | | | | | | | | | | | | | |
| 30. A) The participation fee is 5,730$ CAD *(this amount does not include travel expenses)*. Will your organization financially support your participation?  Yes  Partially  No  If your organization can partially support your participation, please specify the amount of this contribution:  B) Can your organization cover your travel costs?  Yes  Partially  No  If your organization can partially cover your travel costs, please specify the amount 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). Canadian applicants do not need to answer questions 32 to 37 inclusively.** | | | | | | | | | | | | | |
| 32. Citizenship: | | | | | 33. Passport number: | | | | | | 34. Passport delivery date (dd/mm/yyyy):  Day:    Month:  Year: | | |
| 35. City of birth: | | | | | 36. Passport city delivery: | | | | | | 37. Passport expiration date (dd/mm/yyyy)::  Day:    Month: Year: | | |
| 38. Date of birth (dd/mm/yyyy)::  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 disability or religious/medical requirements:** | | | | | | | | | | | | | |
| **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’**  Each year, Equitas prepares and circulates an IHRTP ‘Directory of Participants’ to support the networking and collaborative efforts of civil society organizations, 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, as well as for Equitas staff and interns. Photographs are also included for those who agree. All IHRTP participants, Equitas staff and interns as well as facilitators and resource persons receive a copy of the Directory of Participants. However, Equitas 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; Equitas 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  Yes  No | | | | | | | | | | | | | |
| **Sharing information with other organizations**  Equitas frequently receives requests for participant information from like-minded organizations (NGO’s, funding organizations, CIDA and international organizations) working to build a culture of human rights. Release of contact and organizational information, other than to funders of the IHRTP, is subject to your express agreement. Information is only shared where Equitas is of the opinion that doing so will assist participants and their organizations to make new contacts, to network, and to raise funds for their activities; however, Equitas can assume no responsibility for misuse of the information provided.  45. I agree that Equitas 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: canada\_bradley.doc)*

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

*As soon as your Application Form is processed, you will receive an Application Form Number. However, given the large number of applications we receive, this might take a few days. If you haven’t received an Application Form Number by* ***December 5, 2014****, please contact us immediately.*