

2010 International Human Rights Training Program (IH RTP)

Application Form

June 6 – June 25, 2010

Montreal, Canada

International Application deadline: November 21st, 2009

Application deadline for Canadian residents and citizens: March 31st, 2010

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.

The deadline for submitting applications for *International Applicants* is **November 21st, 2009**.
The deadline for submitting applications for *Canadian Residents and citizens* is **March 31st, 2010**.

Email address: ihrt-pifdh@equitas.org, Fax: 1-514-954-0659

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2010 IHRTP APPLICATION FORM

For internal use:	
ID:	Re: AA

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 2010 IHRTP Application Form will be considered.

CANDIDATE NOMINATED	
Last (family) name (as it appears on your passport):	First name (as it appears on your passport):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:		
<input type="checkbox"/> Local NGO or Community-Based Organization (CBO)	<input type="checkbox"/> Academic or Research Institution	
<input type="checkbox"/> National NGO	<input type="checkbox"/> Government	
<input type="checkbox"/> International NGO	<input type="checkbox"/> Other, please specify	
<input type="checkbox"/> National Institution (e.g., Human Rights Commission, Ombudsman)		
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, etc.)		
1.		
2.		
3.		

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

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, etc.):

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

25. Please list any Human Rights Training Programs you have attended:			
Year and length	Location	Host organization	Name of the Program
26. Education (start with last institution attended)			
Name of institution and place of study	Years of study	Major fields of studies	Degree
LANGUAGE			
27. Preferred language of instruction: <input type="checkbox"/> French <input type="checkbox"/> English			
28. Language proficiency in English (Please check the appropriate level):			
Ability to understand		Ability to speak	Ability to read
Understand without difficulty <input type="checkbox"/>	Speak fluently and accurately <input type="checkbox"/>	Read fluently <input type="checkbox"/>	
Understand almost everything (if addressed slowly) <input type="checkbox"/>	Speak intelligibly (but not always accurate) <input type="checkbox"/>	Read slowly <input type="checkbox"/>	
Require a lot of translation and repetition <input type="checkbox"/>	Speak with difficulty (often looking for words) <input type="checkbox"/>	Read with difficulty (needs dictionary) <input type="checkbox"/>	
EXPECTED BENEFIT TO THE CANDIDATE			
29. Please explain how <u>you will personally</u> benefit from your participation in the IHRTP:			
PARTICIPATION FEE			
30. Do you wish to be considered for a bursary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please indicate the name of the organization that will financially support your participation:			
PERSONAL INFORMATION (for accommodation, visa and insurance purposes)			
31. Citizenship:	32. Passport number:	33. Passport delivery date (dd/mm/yyyy): Day: Month: Please choose Year:	
34. City of birth:	35. Passport city delivery:	36. Passport expiration date (dd/mm/yyyy):: Day: Month: Please choose Year:	
37. Date of birth (dd/mm/yyyy):: Day: Month: Please choose Year:		38. Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No	

39. Dietary restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify below at question 41 (e.g. Vegetarian/no pork/no beef)	40. Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify below at question 41 (e.g. food / animals / medication / other)
41. Special needs - Please state any special requirements with respect to diet, physical disability or other 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 IHRTTP '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 IHRTTP 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.	
42. I agree to be included in the Directory of Participants <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. I agree to have my picture included in the Directory of Participants <input type="checkbox"/> Yes <input type="checkbox"/> 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 IHRTTP, 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.	
44. I agree that Equitas may share my contact and organizational information with outside organizations. <input type="checkbox"/> Yes <input type="checkbox"/> 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 will be process, you will be receiving an application form number. However, given the large number of applications we received, this might take a few days. If you haven't received an application form number by **December 18th, 2009**, please contact us immediately.*