

**2011 FELLOWSHIP PROGRAMME FOR PEOPLE OF AFRICAN DESCENT
APPLICATION FORM – ENGLISH-SPEAKING PROGRAMME**

Deadline for applications: 31 MAY 2011

Note: This application form consists of two parts. The first part must be completed by the candidate. The second part must be completed by the nominating organization or community. Both parts must be signed. **E-mailed applications must be signed and scanned. Incomplete forms will not be taken into consideration.** Application forms must be accompanied by a recommendation letter from the nominating organization or community.

PART I - To be completed by the candidate

1. a) First name:b) Last name.....

2. Gender:

3. Date of birth:

4. Place of birth:

5. Marital status:

6. Number of dependents:

7. Nationality (citizenship):

8. Address:

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9. Tel.:

10. Fax:

11. E-mail:

12. In case of emergency notify:

Name:

Address:

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Tel./fax:

E-mail:

13. Knowledge of languages:

17. Other relevant information/experience:

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18. Personal expectations of the candidate.

a) Please explain what you expect from the Fellowship and how you will relate it to your past and present experience and to future projects. (Use additional paper, if necessary)

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b) What are your special human rights interests and in which areas would you preferably like to gain more knowledge?

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19. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

Signature:

Place/date:



PART II - To be completed by the nominating organization

1. Name of organization or association:

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2. Name of community represented:

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3. Address:

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4. Tel.:

5. Fax:

6. E-mail:

7. Short description of the organization (additional information may be submitted through references to annual report, leaflet, publications, etc):

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8. Which area(s) would you like your candidate to study in greater depth during the Fellowship?

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9. Name of contact person in the organization:

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10. Present responsibilities of the candidate within the organization:

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11. Reason for sending this candidate:

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Signature of certifying

official:

Place/date:

