

**APPLICATION FORM**  
**ENGLISH SPEAKING MINORITIES FELLOWSHIP PROGRAMME**  
**FOR SPRING 2008**

**Deadline for applications: 10 DECEMBER 2007**

**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 will not be taken into consideration unless they are signed and scanned. Applications must either be sent by fax (+41 22 928 90 10), post or scanned. Incomplete forms will not be taken into consideration.**

**PART I - To be completed by the candidate**

1. a) First name: .....  
(as stated in your passport)
- b) Middle name:.....
- c) Last name:.....
2. Gender: .....
3. Date of birth: .....
4. Place of birth: .....
5. Marital status: .....
6. Number of dependents: .....
7. Minority/community: .....
8. Nationality: .....
9. Address: .....  
.....
10. Tel.: .....
11. Fax: .....
12. E-mail: .....
13. In case of emergency notify:  
Name: .....  
Address: .....  
.....  
Tel./fax: .....

E-mail: .....

14. Knowledge of languages: f (fair), g (good), vg (very good)

	<b>Read</b>	<b>Write</b>	<b>Speak</b>	<b>Understand</b>
<b>English</b>				
<b>French</b>				
<b>Spanish</b>				
<b>Russian</b>				
<b>Arabic</b>				
<b>Chinese</b>				
<b>Other</b>				

15. Education (college and/or university, or equivalent):

<b>Institution (name, place and country)</b>	<b>Years attended</b>	<b>Degrees Obtained</b>	<b>Major subjects of study</b>
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16. Other type of training or education:

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17. Experience: Please describe any previous community or human rights experience or training you may have had. (Use additional pages, if necessary)

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18. Other relevant information/experience:

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19. Personal expectations of the candidate.

a) Please explain what you expect from the Fellowship and how you will relate it to your 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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20. 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: .....

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**PART II - To be completed by the nominating organization/community**

1. Name of organization or association:

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2. Name of minority/community represented:

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3.

Address: .....

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4. Tel.: .....

5. Fax: .....

6. E-mail: .....

7. The organization. (Use additional paper if necessary)

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

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7.2 Human rights problems that confront your minority/community:

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

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7.4 Name of contact person:

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8. The candidate.

8.1. Present responsibilities within the organization:

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8.2 Future responsibilities within the organization:

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8.3 Reason for sending this candidate:

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Signature of certifying official: .....

Place/date: