**2021 OHCHR LGBTI Fellowship Programme – Intersex Human Rights Defenders**

**APPLICATION FORM**

**PART 1- TO BE COMPLETED BY THE CANDIDATE**

|  |  |
| --- | --- |
| PERSONAL INFORMATION | |
| Chosen name(s)[[1]](#footnote-1) |  |
| Pronoun(s) |  |
| Gender |  |
| Are you intersex?[[2]](#footnote-2) |  |
| Date of birth |  |
| Place of birth |  |
| Nationality |  |
| Current city and country of residence |  |
| Telephone (inclusive of country code) |  |
| E-mail |  |
| EMERGENCY CONTACT DETAILS | |
| Name of Emergency Contact |  |
| Relation |  |
| Telephone (inclusive of country code) |  |
| Email |  |
| EXPERIENCE | |
| Using reverse chronological order (latest experience first), please describe your experience working on the human rights of intersex people including any experience with organisations working on the human rights of intersex people including the start date and end date (Max 250 words). | |
| Do you have any other experience working on the human rights of LGBTI people more broadly? Kindly include the start date and end date. (Max 250 words) | |
| Please indicate the start and end date for each experience. Please also include any experience you might have more generally that is relevant to OHCHR’s mandate, including international human rights law (Max 250 words) | |
| Are you nominated by an organisation working on the human rights of intersex people? If yes, please state name of the organisation and contact person | |
| Are you fluent in written and spoken English? | |
| Do you have knowledge of any other languages-including UN languages, please list: | |
| Do you have a valid travel document? | |
| Please indicate other information including other relevant experience, skills or educational qualifications (250 words max) | |
| What is your motivation for applying for this Fellowship? (Max 250 words) | |
| What do you hope to achieve by the end of this Fellowship? (Max 250 words) | |
| Please state how you envision share the knowledge and experience gained through the Fellowship once it ends with others in your organisation / country of residence and please state how you would do this. (Max 250 words) | |
| I certify that my answers are true, complete and correct to the best of my knowledge and belief. I understand that untrue, incorrect or incomplete answers may lead to the disqualification of my application or termination of the Fellowship, if it has started. I understand that I may be requested to provide relevant documentation supporting statements in the application form.  Signature: ..............................................................................................................................  Place/Date: ............................................................................................................................ | |

**PART 2 - TO BE COMPLETED BY NOMINATING ORGANISATION**

**Please provide on official letterhead of the nominating organisation, if possible.**

|  |  |
| --- | --- |
| ORGANISATION DETAILS | |
| Name of the Organisation |  |
| Name of person filling out this form |  |
| Position of person filling out this form |  |
| Address |  |
| Telephone (inclusive of country code) |  |
| Email |  |
| Short description of the organization (status, mandate, activities) (Max 250 words) | |
| Please provide a few concrete examples of positive achievements resulting from the activities of the organization that contributed to advance the protection of the human rights of intersex people. (Max 250 words) | |
| **NOMINATION DETAILS** | |
| State the name of the recommended candidate and their present responsibilities in the organization (Max 250 words) | |
| State reasons for the organization to recommend this candidate in particular (Max 250 words). | |
| How do you anticipate that participation of the candidate being recommended by you will benefit work on the rights of intersex people? (Max 250 words) | |
| I certify that my answers are true, complete and correct to the best of my knowledge and belief. I understand that untrue, incorrect or incomplete information may lead to the disqualification of the candidate or termination of the Fellowship, if it has started. I understand that I may be requested to provide relevant documentation supporting statements in the application form.  Signature of certifying official: ..................................................................  Place/Date: ................................................................................................. | |

1. The name that you use and that you wish to be called by. Please note that if you are selected for the Fellowship, you will need to provide a copy of your passport / official identification for administrative, insurance and travel purposes, but this is not required at the application stage. Kindly note that some documents may need to be issued in line with the details on your official documents. [↑](#footnote-ref-1)
2. The 2021 OHCHR LGBTI Fellowship is open to persons who are intersex / have intersex variations / were born with variations of their sex characteristics. If you use different terminology, please feel free to indicate this. [↑](#footnote-ref-2)