**Workshop on Human Rights: Equality and Anti-Discrimination**

**Organized by the Office of the High Commissioner for Human Rights**

**Beirut, Lebanon**

**18-21 September 2023**

*Important Note: We thank you for your interest in applying for this workshop. OHCHR will select a maximum of 25 participants based on the applications received. The selection criteria are based on experience working on human rights, issues related to equality and non-discrimination, and racial discrimination. Professional experience will also be considered. The Office will also take into consideration the regional and gender balance in its selection decisions. Please be as precise as possible in your answers to allow the selection committee to best assess your application.*

Please send this application form and a copy of your passport to:

[**ohchr-ards@un.org**](mailto:ohchr-ards@un.org)

**Deadline for Applications: 3 August 2023**

Incomplete applications will not be considered.

**Attention:** There are four sections in this form.

**SECTION I (To be completed by the applicant)**

1. **First name:** (as noted in the passport)
2. **Middle name (s):** (as noted in the passport)
3. **Family name/Surname**: (as noted in the passport)
4. **Date of birth (dd/mm/yyyy):**
5. **Place of birth:**
6. **Nationality/Nationalities:**
7. **Country of residence:**
8. **Gender: Female/Male/Other:**
9. **Contact details of the applicant:**
   1. **Present address:**
   2. **Tel (office and mobile):**
   3. **E-mail:**
10. **Are you affiliated with any organization, if so, what is the name of your organization?**

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**SECTION** **II**

1. **Are you available to attend the 4-day in-person workshop in Beirut, Lebanon from September 18-21?**

**Yes  No **

1. **Please check the language(s) you speak and understand:**

** English  Arabic  French**

1. **On which issues do you currently work or have worked in the past? (Select all that apply)**

* Racism and Racial discrimination
* Xenophobia related Intolerance
* Decent living conditions
* Decent work conditions
* Migration
* Other, please specify:

**------------------------------**

1. **Please explain your area of work and key issues related to your work. Please also indicate any additional areas in which you’d like to work, if any.**

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1. **Given your past and current professional experiences, please describe key issues in your region related to racism, racial discrimination, xenophobia, intolerance, labor and migration, and human rights.**

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1. **Participants will be required to submit points of action of engagement after the training. Are you able to commit to this?**

**Yes  No **

**SECTION III**

1. **Does your organization have ECOSOC consultative status? (To be completed if affiliated with an organization)**

**Yes  No **

1. **Was your organization accredited to the 2001 World Conference against Racism, Racial Discrimination, Xenophobia and other Related Intolerance or the Durban Review Conference in 2009? (To be completed if affiliated with an organization)**

**Yes  No **

1. **Have you or your organization participated in any UN human rights meetings on the issues of racism, racial discrimination, xenophobia or related intolerance (WGEPAD, CERD, Human Rights Council, UPR, Human Rights Committee, Permanent Forum on People of African Descent, etc.)?**

**Yes (please mention which ones below)  No **

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1. **Do you or your organization represent people of African descent and/or work to promote and protect their human rights in the Middle East?**

**Yes  No **

**If yes, explain how:**

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1. **Do you need to obtain an entry visa to travel to Lebanon?**

**Yes  No **

1. **Please fill out the personal information and contact details below:**

**Physical mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Airport of departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I have enclosed my:**

* **Copy of passport (including the machine-readable part at the bottom of the page)**
* **Copy of banking details (please indicate if you DO NOT have a bank account)**
* **Section IV below of the application form duly completed, signed and stamped by the certifying organization (for individuals who represent an organization)**
* **Copy of visa (if applicable)**

1. **I certify that the answers and statements made by me to the questions above are true, complete, and correct to the best of my knowledge and belief.**

**Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION IV (To be completed by the certifying organization, if applicable)**

1. **Certifying organization:**
   1. **Name of the certifying organization:**
   2. **Address:**
   3. **Tel:**
   4. **Fax:**
   5. **E-mail:**
2. **Short description of the organization goals, objectives, and work:**

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1. **Present responsibilities of the applicant within the organization:**

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1. **Reason(s) for nominating this applicant:**

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1. **Full name and title of the certifying official:**

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1. **Signature of the certifying official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please affix the organization’s OFFICIAL STAMP**