**The Regional Meeting for Asia Pacific on the International Decade for People of African Descent**

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

**15-16 January 2024**

**Hybrid meeting, location (TBC)**

**FORM TO APPLY FOR FINANCIAL SUPPORT**

**Deadline for Applications: 21 November 2023**

OHCHR will provide financial assistance to a selected number of civil society representatives to participate in the meeting, including a pre-paid return flight ticket in economy class and daily subsistence allowance, based on the selection criteria for the meeting.

To apply for financial support, civil society applicants are requested to send in a single e-mail this application form completed and signed and supporting documents to decadepadgeneva@ohchr.org no later than **21 November 2022**.

Applications received after the deadline will not be considered.

There are **three 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/yy):**
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. **Fax:**
	4. **E-mail:**
10. **Are you affiliated with any organization, if so what is the name of your organization?**

**SECTION** **II**

**11. A. Status[[1]](#footnote-1):**

 **a. Does your organization have ECOSOC consultative status?**

 **Yes  No** ****

 **b. 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?**

 **Yes (**please explain which ones) ** No **

 **c. Has 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, etc)**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **Yes** ** No **

 **C. Please provide information on activities which your organization has carried out in the context of the International Decade for People of African Descent:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. I have enclosed my:**

* **Copy of passport**
* **Banking form filled and signed**
* **Copy of banking details or IBAN (please indicate if you DO NOT have a bank account)**
* **Section III below of the application form duly completed, signed and stamped by the certifying organization (for individuals who represent an organization)**

**13. 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** **III (To be completed by the certifying organization)**

**14. Certifying organization:**

 **a. Name of the certifying organization:**

 **b. Address:**

 **c. Tel:**

 **d. Fax:**

 **e. E-mail:**

**15. Short description of the organization goals, objectives and work:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**19. Signature of the certifying official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. Part A is for information gathering purposes only and not a selection requirement. [↑](#footnote-ref-1)