REGIONAL MEETING FOR AFRICA ON THE INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT
Organized by the Office of the High Commissioner for Human Rights, in cooperation with the African Union, Hosted by the Government of Senegal.
Dakar, Senegal, 23-24 October 2019

FORM TO REQUEST ACCREDITATION AND APPLY FOR FINANCIAL SUPPORT

Deadline for Applications: 31 August 2019

Civil society applicants are requested to submit a completed form in addition to the documents listed below in a single e-mail to decadepadgeneva@ohchr.org.

Please answer each question clearly and completely. Type or print legibly.

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. Sex: Female/Male/Other:
9. Contact details of the applicant:
   a. Present address:
   b. Tel (office and mobile):
   c. Fax:
   d. E-mail:
10. Are you affiliated with any organization, if so what is the name of your organization?

________________________________________

1 If financial support is required please clearly indicate it in section III
SECTION II

A. Status:
   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?
      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 protect their human rights?
   Yes ☐ No ☐
   If yes, in which themes does your organization work (please tick all that apply):
   - Recognition
   - Justice
   - Development
   - Other, please specify:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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

D. Do you or your organization work on projects in Africa or with interlocutors in Africa, particularly non-governmental organizations? Please briefly explain.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

2 Part A is for information gathering purposes only and not a selection requirement.
E. Since the World Conference against Racism (WCAR) has your organization been following up on the implementation of the Durban Declaration and Programme of Action (DDPA)?

Yes ☐ No ☐

If yes, how has your organization been following up on the DDPA?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

G. At which level does your organization operate (international, regional, national or grass-root level):

___________________________________________________________________________________

SECTION III (to be completed by the applicant for financial support—see information note attached)

OHCHR will provide some assistance for travel and Daily Subsistence Allowance (DSA) to a limited number of selected civil society representatives to participate in this regional meeting, based on the selection criteria for the meeting. Please indicate if you would like to apply for this support?

Yes ☐ No ☐

12. I have enclosed my:

☐ Letter from the nominating organization (for individuals who represent an organization)
☐ Copy of passport photo page (pdf)

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 IV (To be completed by the certifying organization where relevant)

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