**ACCREDITATION/ APPLICATION FORM**

**FOR CIVIL SOCIETY PARTICIPATION IN THE REGIONAL MEETING FOR THE INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT**

**(Geneva, Switzerland, 23-24 November 2017)**

**Deadline for Applications: it has been extended to 8 October 2017**

This application form consists of two parts. While the first part must be completed by the candidate, the second part must be completed by the nominating organisation. Both parts need to be completed and bear the original signature of the candidate and the nominating organisation. 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.

**PART I (**To be completed by the candidate**)**

**1. First name:** (as noted in the passport)

**2. Family name**: (as noted in the passport)

**3. Date of birth (dd/mm/yy):**

**4. Place of birth:**

**5. Racial, national or ethnic group** (self-identification is not mandatory**):**

**6. Nationality:**

**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. Information on your organization and activities to protect the human rights of people of African descent and combat racism, racial discrimination, xenophobia and related intolerance:**

**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 to combat racism, racial discrimination, xenophobia or related intolerance (WGEPAD, CERD, Human Rights Council, UPR, Human Rights Committee etc)**

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

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

**Yes  No **

**If yes, what is your organization working on (please tick all that apply):**

**- Recognition**

**- Justice**

**- Development**

**- Women’s rights**

**- Children’s rights**

**- Administration of justice**

**- Economic, social and cultural rights**

**- Civil and Political rights**

**- Other, please specify**

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

**a. Kindly provide a brief list of your activities:**

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**b. On what recommendation(s) from the Programme of Activities for the International Decade for People of African descent is your organization specifically following-up?**

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**D. Have you engaged with the Working Group of Experts on People of African Descent, please explain?**

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**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?**

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**F. Does your organization operate at the international, regional, national and/or grass-root level:**

**Yes  No **

**11. OHCHR will provide some assistance for travel and DSA/accommodation to a limited number of selected civil society representatives, based on the selection criteria for the meeting. Please indicate if you would like to apply for this support?**

**Yes  No **

**12. I enclose my:**

** Letter of from the nominating organization**

** Copy of passport**

**13. I certify that the statements made by me in answer to the forging questions are true, complete and correct to the best of my knowledge and belief.**

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

**PART II (To be completed by the certifying organisation)**

**14. Certifying organisation:**

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

**b. Address:**

**c. Tel:**

**d. Fax:**

**e. E-mail:**

**15. Short description of the organisation goals, objectives and work (additional information may be submitted through references to annual report, leaflet and publication, etc.)**

**16. Present responsibilities of the candidate within the organisation:**

**17. Reasons for nominating this candidate:**

**18. Name and title of the certifying official:**

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

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