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**2022 Application Form**

**INSTRUCTIONS**

Our Circle’s Equality Fellowship requires a completed version of this form for the to guide the Selection Panel on evaluating your advocacies and work experience. Through this application form, the Selection Panel can determine applicants who are fit for the fellowship – which applicants need the training and which applicants are better suited for other programs.

Please accomplish this form by typing on the spaces below and clicking on the boxes that correspond to your answer. If a question is not applicable, please put “N/A” on the space/s provided. Please make sure that you are able to complete the **seven (7) parts** of this application form. Incomplete and late submissions will not be entertained. After accomplishing this form, save this file (either as a .docx or a .pdf file) with this file naming convention:

EF\_2022\_ApplicationForm\_LastName\_FirstName

(e.g. EF\_2022\_ApplicationForm\_Staine\_Phyllis)

Note that, you may send your application to *ourcirclebze@gmail.com* only until **20 August, 2022, 11:59PM**. Please be reminded that your application should include:

1. the accomplished 2022 Application Form (this form); and,
2. a cover letter addressed to Our Circle’s Managing Director, Ms Derricia Castillo-Salazar.

If you have significant concerns about sharing sensitive information with us in any part of this application form, please contact us through *ourcirclebze@gmail.com*. Similarly, if you have difficulty completing this form (due to accessibility issues), let us know through the same email so we can process your application through a meeting or a phone call.

PART 1. **Personal Information**

| Lived Last Name: | Type here. | Date of Birth (YYYY-MM-DD): | Type here. | Age (as of application): | Type here. |
| --- | --- | --- | --- | --- | --- |
| Lived First Name: | Type here. | Nationality: | Type here. | Assigned Sex at Birth: | Type here. |
| Address: | Type here. | Preferred Pronouns: | Type here. |
| District: | Type here. | Ethnic Group (if any): | Type here. |
| **Contact Details** |
| Home Number: | Type here. | Email Address: | Type here. |
| Office Number: | Type here. | Number Used in WhatsApp: | Type here. |
| Mobile Number | Type here. | Other Contact Details: | Type here. |

PART 2. **English Communication Skills**

Please indicate your level of comprehension of the English language by clicking the box corresponding to your answer:

| Written Excellent Good Fair Poor | Spoken Excellent Good Fair Poor  |
| --- | --- |

PART 3. **Educational Background**

| Highest Educational Attainment: | Type here. |
| --- | --- |
| School/College/University: | Type here. |
| Course/Degree Program (if any): | Type here. |
| Educational Achievements/ Awards (if any): | Type here. |

PART 4. **Professional Background**

| Current Occupation (Position/Title): | Type here. | Years of Work: | Type here. |
| --- | --- | --- | --- |
| Company Name: | Type here. |
| Previous Occupation (Position/Title): | Type here. | Years of Work: | Type here. |
| Company Name: | Type here. |
| Other Relevant Work Experience (if any): |
| Type here. |
| Written Works (if any): |
| Type here. |

PART 5. **Diversity Profile**

Our Circle champions diversity and representation in governance. With this, the fellowship aims to ensure diversity within the batch of this year’s fellows.Additionally, the program will be done via online platforms (i.e. *Youtube*, *Zoom*, *Telegram*). Hence, it is important that we are aware of your personal attributes that may affect your access or participation to the program.

Rest assured that this form will be kept in confidence and you are not required to disclose any information you are not comfortable sharing with us.

| Do you identify as part of the LGBTQI community or as a person with diverse SOGIESC? |
| --- |
|  |  Yes No Rather not disclose |
| If yes, please indicate how you identify in terms of SOGIESC. |
| Type here. |
| Were you a member of a Human Rights Organization ? |
|  |  Yes No Rather not disclose |
| If yes, what organization? | Type here. |
| Years as member: | Type here. |

| Do you have any disability? |
| --- |
|  |  Yes No Rather not disclose |
| If yes, please explain how Babaylanes can help improve accessibility of the program for you. |
| Type here. |

| Are you part of any ethnic minority group in Belize? |
| --- |
|  |  Yes No Rather not disclose |
| If yes, please indicate what group you belong to. |
| Type here. |

| Please indicate other issues that you may face in accessing online materials and having a synchronous class via *Zoom*. |
| --- |
| Type here. |

PART 6. **Experience on Advocacy Work**

| What are your specific projects or engagements in advocacy or development work now or in the past? Please indicate the length of time you were involved in this engagement. Include here other development work/s you have done that may or may not be related to Human Rights Advocacy. |
| --- |
| Type here. |
| Did you have any projects with Our Circle or with Our Circle’s partner organizations? If yes, please indicate them. |
| Type here. |
| What are other leadership training you have attended, if any? |
| Type here. |
| What are the notable leadership positions you’ve had both in the past and at present? Describe why you consider it notable. |
| Type here. |
| Have you had engagements in your local community (e.g. school, university, community, etc)? |
| Type here. |

| Have you ever participated in or led a particular campaign or advocacy, local, national, or even international? Please indicate and quickly describe these campaigns. |
| --- |
| Type here. |
| How do you see yourself 5-10 years from now? |
| Type here. |
| If accepted to the program, how do you think the Equality Fellowship can benefit you? |
| Type here. |

**PART 7 – References**

Please provide the contact details of character reference persons. Please note that these people will only be contacted for further verification of your application details.

**Reference Person 1**

| Name: | Type here. |
| --- | --- |
| Organization: | Type here. |
| Position: | Type here. |
| Professional Relationship to the Applicant: | Type here. |
| Address: | Type here. |
| Contact Number: | Type here. |
| Email: | Type here. |

**Reference Person 2**

| Name: | Type here. |
| --- | --- |
| Organization: | Type here. |
| Position: | Type here. |
| Professional Relationship to the Applicant: | Type here. |
| Address: | Type here. |
| Contact Number: | Type here. |
| Email: | Type here. |

**-END OF APPLICATION FORM-**