

*ANNEX – Application Form*

**OSCE/ODIHR International Survivors of Trafficking Advisory Council (ISTAC) Membership  
Application for 2026-2028**

In order to apply for membership to the International Survivors of Trafficking Advisory Council (ISTAC), please complete and submit this form. If available, please include or reference any public documents associated with your lived experience (e.g. news articles, interviews, etc.). You may also include recommendation letters from your support specialists (e.g. law enforcement, NGOs or other victim advocates involved with your case), however, this is not mandatory.

Data provided in the application are confidential.

Gender	First Name	Last Name	Country of residence

<b>PERSONAL INFORMATION</b> (Please answer each section clearly, completely and use only English transcription)			
Title	First name	Last name	
Middle name(s)		Maiden name (if any)	
Date of birth (dd.mm.yyyy)	Gender	Are you in the process of changing nationalities?	
Place of birth		Country of birth	
Permanent address (Street)		Zip/Post Code	
Town/City		County/State	Country
Tel (Work)			Tel (Home)
Mobile/Cell Phone			E-mail

<b>SKILLS AND COMPETENCIES</b>			
Language knowledge	What is your mother tongue?		
Other languages	Professional Fluency	Working Knowledge	Limited Knowledge
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Relevant facts about your expertise and participation in countering trafficking efforts** (indicate your main area of expertise on counter-trafficking – this may include lived experience (not mandatory) - and list any facts that will help us understand your engagement in the anti-trafficking work, such as, employment in an anti-trafficking organization/institution, membership in bodies, any publications you have written, statements made, training courses that you have developed and conducted, etc. that should be taken into consideration.)

**Please answer the following questions:**

1. What is your motivation to be engaged in the anti-trafficking movement?

2. Please briefly describe why you think you are suitable to serve as a member of ISTAC?

3. What would you like to gain or learn from the ISTAC as you work toward your personal and professional goals?

4. Do you have a local/personal support system in place in case you have a negative experience either within or outside of the ISTAC? Please provide more details.

5. Is there anything else you would like to add to your application for membership to the ISTAC?

I hereby declare that the above statements and information are true to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification, including a background check, and I agree to furnish supporting documents or information, if requested and available. I understand that I subject myself to removal of membership in the event that the above statements are found to be significantly questionable, incorrect, or falsified.



"If not selected as a member of the ISTAC this term, I am interested to stay informed about ODIHR anti-trafficking events and activities.

Print Name:

Location (City, Country):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_