

ODIHR Panel of Experts on Freedom of Assembly and Association

Application Form

In order to apply to join ODIHR's Panel of Experts on Freedom of Assembly and Association for the four year term presumably to commence in September 2022, please complete and submit this form to FOAA-Panel@odihr.pl. If available, please include or reference any public documents associated with your work as a expert on freedom of assembly and/or articles, interviews, news etc.)

PERSONAL INFORMATION (Please answer each section clearly, completely and use only English						
transcription)						
Title	First name		Last name			
Gender					·	
Date of birth	(dd.mm.yyyy)		Are you in the process of changing nationalities?			
			○ Yes	○ No		
Country of birth			Present natio	nality		
Other nationality						
Address (Street)					Zip/Post Code	
Town/City		County/S	State	Country		
Tel (Work)		•	Tel (Home)		
Mobile/Cell Phone			E-m	ail		

LANGUAGE SKILLS						
Language knowledge	What is your mother tongue?					
Other languages	Professional Fluency	Working Knowledge	Limited Knowledge			
	0	0	0			
	0	0	0			
	0	0	0			

Relevant facts about your expertise and participation in promoting the rights of freedom of assembly and/or association. (List any facts that will help us understand your work as an expert on freedom of assembly and/or association, such as membership in relevant local, national, regional or international bodies, any publications you have written, statements made, training courses that you have developed and conducted, etc. that should be taken into consideration.

Statement of motivation:

Please explain your motivation and interest to serve on the Panel of Experts on Freedom of Assembly and Association; explain how you meet the requirements in the call for applications and how you can contribute to the work of the Panel. Not to exceed 300 word.

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 or other disciplinary action in the event that the above statements are found to be significantly questionable, incorrect, or falsified.
Print Name: Location (City, State):
Signature: Date:

Is there anything else you would like to add to your application for membership to the