UNITED NATIONS VOLUNTARY FUND FOR INDIGENOUS PEOPLES

FORM FOR INDIGENOUS PEOPLES’ REPRESENTATIVES
TO PARTICIPATE IN THE GA CONSULTATION PROCESS AIMING TO ENHANCE THE
PARTICIPATION OF INDIGENOUS PEOPLES’ REPRESENTATIVES IN UN MEETINGS ON
ISSUES AFFECTING THEM

Date 24 October 2016

DEADLINE: 7 November 2016
Please send your complete form and copy of passport to: indigenousfunds@ohchr.org

I. INFORMATION ON THE APPLICANT

1. Information on the indigenous representative proposed for the grant.

Family name (as it appears on your passport): ________________________________

First name: ____________________________________________________________

Gender: _______________________________________________________________

Nationality: _______________________________________________________________________

Date of birth (day/month/year): ___________________.................................

Place of birth: ___________________________________________________________________

Address of applicant: ___________________________________________________________________

____________________________________________________________________________________

Telephone (with country and city codes):__________________________________________

Email: _____________________________________________________________________________

Profession and occupation of applicant: _____________________________________________

Please attach a copy of your passport

2. Information on the organization or community represented.

Name of the indigenous organization/community: ________________________________

____________________________________________________________________________

Mailing address: __________________________________________________________________

____________________________________________________________________________
Telephone (with country and city codes):______________________________

Email: _______________________________________________________________________________

3. Indicate the name of the indigenous people(s) you belong to and the geographical location (the representative must be an indigenous person):
_____________________________________________________________________________________

4. Please explain why you would like to attend this particular meeting.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5. Please outline your experience representing Indigenous peoples’ organizations and institutions at the UN.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

A letter of nomination or recommendation signed by an executive official, body of the applicant’s indigenous organization or his/her community must be attached to this form. Without this signed letter, applications are not complete and the Board of Trustees will not be able to consider them. The Board does not accept letters of recommendation signed by applicants themselves.

II. ITINERARY

6. Proposed travel itinerary:
   • Departure from your hometown to the meeting
   Date: ____________________
   From (town/city) __________________________ through (city) ____________________ to New York
   • Departure from New York to your hometown
   Date: ____________________
   From New York __________________________ through (city) ____________________ to ____________________
7. Please indicate if you have any preferred route from your hometown to New York. Please explain why.

___________________________________________________________________________________

8. Please indicate if you need to travel with a personal assistant or any other support on the basis of disability.

Yes ☐  No ☐

9. Please indicate if you already have a visa to attend the meeting in New York.

☐ Yes  ☐ No