Business, Human Rights and the Sustainable Development Goals (SDGs) in the Pacific

# Online Capacity Building Program –August 2021

*Diplomacy Training Program in partnership with the Office of the High Commissioner for Human Rights (OHCHR), Pacific Islands Association of NGOs (PIANGO), Citizens’ Constitutional Forum (CCF) and Business and Human Rights Resource Centre (BHHRC)*

# APPLICATION FORM

**Application deadline – 5 July 2021**

Candidates should email a completed application form to the Diplomacy Training Program at [dtp@unsw.edu.au](mailto:dtp@unsw.edu.au). ***Please do not include any information on this form that you think might affect your security.***

Applications will be acknowledged on receipt. Applicants will be notified of the outcome of selection soon after the closing date.

*Please note that personal information collected by the Diplomacy Training Program (DTP) is handled in accordance with the DTP Privacy Policy 2018 and the Privacy and Personal Information Protection Act 1998 (NSW). DTP regularly requests information to fulfil its work. DTP will not disclose personal information without consent unless otherwise authorised/required by law. DTP also seeks consent in relation to use of photographs, recognising the security risks for human rights defenders.* [*DTP’s Privacy Policy*](https://www.dtp.unsw.edu.au/sites/default/files/u4/DTP%20Privacy%20Policy.%20adopted%202018.pdf) *is available on the DTP website.*

# PART 1: PERSONAL DETAILS

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| **First Name(s)** *As it appears on your passport* | **Middle Name(s)** *As it appears on your passport* |
| **Last (Family) Name** *As it appears on your passport* | **Preferred Name** *The name you prefer to be known by* |
| **Year of Birth** | **Country** *Please specify the country where you work and/or are active* |
| **Gender**   Female  Male  Transgender  Genderqueer/Non-binary  Other (please specify) | |
| **Personal Pronoun** *how do you prefer others to refer to you?*   She, Her, Hers  He, Him, His  They, Them, Theirs  Other (please specify) | |
| **Indigenous / Ethnic Minority** *do you identify as an Indigenous person, or member of an Ethnic Minority?*   No  Yes – Indigenous Australian or Torres Strait Islander  Yes – Indigenous Pacific Islander (including Melanesia & West Papua)  Yes – Other Indigenous or Ethnic Minority (please specify) | |
| **Details**  *If you selected ‘Yes’, please provide details* | |
| **Disability** *Do you identify as a person with a disability?*   No  Yes (please specify) | **Details** *If you selected ‘Yes’, please provide details* |

# PART 2: CONTACT DETAILS

|  |  |  |
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| **Email – Preferred** *Please enter the email you usually use* | **Email – Alternative** *Please enter an email if you have one (for example, a work email)* | |
| **Telephone – Personal** *May be a mobile/cell number: please include country and area codes* | **Telephone – Alternative** *May be a mobile/cell number: please include country and area codes* | |
| **Home Address – Line 1** *Please enter your HOME address* | **Address – Line 2** *If required* | |
| **City/Suburb** | **State/Province** | **Postcode** |
| **Country** | | |
| **Organisation** *Please specify the name of the organisation you work for* | | |
| **Your Position / Job Title** *Please specify your position or job title in the organisation* | | |
| **Telephone – Organisation** *Please include country and area codes* | **Email – Organisation** | |
| **City/Suburb - Organisation** | **Country - Organisation** | |
| **Website - Organisation** | | |
| **Other Organisational Partnerships** *please list the name(s) of any NGOs, businesses, or government organisations that you or your organisation regularly work in partnership with* | | |

# PART 3: EXPERIENCE AND EXPECTATIONS

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| **Previous Experience and Knowledge of Human Rights**  *Please provide details of your previous involvement and knowledge in UN human rights processes/mechanisms, if any* |
| **Expectation of Participating in this Program** *Please tell us how you hope this training program will assist you and your organisation in working for human rights/sustainability, and how you will apply what you hope to learn from this training program to your organisation.* |
| **Current Issues of Relevance to the Program** *Please provide brief details of current issues you may be working on involving BHR frameworks and/or preventing/mitigating or remediating business-related human rights impact or harm – should you wish, these cases may be considered and shared during the program.* |

# PART 4: EDUCATION AND TRAINING

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| **DTP Training** *Have you ever attended a DTP Training Program in the past?*   No  Yes (please specify) | **Details** *If you selected ‘Yes’, please provide details of the program and year* |
| **Other Education and Training** *Please provide details of any other human rights training programs you have attended, or other relevant education/training qualifications you have obtained* | |

# PART 5: INTERNET ACCESS

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| --- | --- |
| **Device** *What type of device do you expect to use to access this course?*   Laptop or desktop computer  Tablet  Smartphone | |
| **Internet Connection** *Do you have access to a stable internet connection?*   Yes  No | **Connection Cost** *Will the cost of internet/phone access be an issue for you?*   Yes  No  Not sure |
| **Other Internet Issues** *Please tell us about any other issues or concerns you have about accessing this course over the internet* | |

# PART 6: COVID-19 IMPACT

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| **Community Impact** *Please tell us if/how COVID-19 is affecting your community or the community you are working with, and how you/your organisation are responding to this crisis* |

# PART 7: CONSENT AND SECURITY

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| **Consent to Share Information** *Do you consent for us to use the information you provide to write a biographical paragraph about you to be given to trainers, participants, and others, for the purposes of informing them, seeking funding on your behalf, advertising this program, and in future DTP publicity material?*   Yes  No  I would like to discuss further |
| **Personal Security** *Do you have concerns about your personal security that we should consider before using the information you provide?*   No  Yes (please specify) |
| **Details**  *If you selected ‘Yes’, please provide details* |
| **How did you hear about this training program?** |