

**EarthRights School**

**Community Leadership & Advocacy Training Program**

**Application Form**

*Please provide the following information. If you have any questions, you may call* ***+66 (0)81 672 3095*** *(Thailand) and the school will return your call. Submit your application by* ***31 May 2023*** *to* ***ersmm@earthrights.org***

*The EarthRights School team will host an information meeting on* ***15 May, 2-3:00pm Thailand time.*** *We invite and recommend organizational partners, alumni, and interested applicants to attend the information meeting for more information about the changes we are making to this year’s training program.*

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| **Part I. Personal Details** |
| Name:  |
| Ethnicity: | Nationality: |
| Date of Birth: | Gender (Please tick): ☐ M / ☐ F/ ☐ Other / ☐ Prefer not to say |
| Do you have children (your own or other in your care): ☐ Yes / ☐ No?If yes, how many: |
| First or native language: |
| Other languages spoken: *(Please provide information on your language level in the boxes below. Add rows if needed. Kindly note that the language of instruction of the course is* ***English****. )* |
| Language | Beginner | Elementary | Intermediate | Advanced |
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| **Contact information** *(please provide at least one of the following)* |
| Address: |
| Phone number including country code: |
| E-mail: |
| **Part II. Academic background** |
| Highest education level completed:  |
| Are you currently studying or in school? ☐ Yes / ☐ NoIf Yes, name of school and anticipated graduation year: |
| Please list details of the schools have you attended: *(add rows if needed)* |
| Name: | Location: | Date and Year: |
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| Have you attended relevant training or workshops? ☐ Yes / ☐ No |
| If yes, please list the details (*add rows if needed*): |
| Name or topic: | Organizer: | Location: | Date: |
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| **Part IV. Work history** |
| **Are you currently working? (*mark all that apply*)**  ☐ Yes / ☐ No / ☐ Part-time / ☐ Full-time / ☐ Employed / ☐ Freelance / ☐ Volunteer |
| Name of the organization you are currently working/active with: |
| Since when have you been working/active with this organization? |
| Address: |
| Website: |
| Your position: |
| Your responsibilities: |
| Is your current organization willing to support and work together with you during the online weeks and when you return from the course? ☐ Yes / ☐ No |
| Is your current organization willing to let you take time off and be away for 3 months to be able to fully participate in the course? ☐ Yes / ☐ No |
| Name and position of the person in charge of your support:  |
| **If you have, please list your previous work experience.** *Add rows if needed.* |
| Name of the organization you were working/active with: |
| Dates:  |
| Address: |
| Website: |
| Your position: |
| Your responsibilities: |
|  |
| Name of the organization you were working/active with: |
| Dates:  |
| Address: |
| Website: |
| Your position: |
| Your responsibilities: |
|  |
| **Other relevant professional experience:** *(please describe)* |
| **Part V. Other relevant information** |
| Are you applying to any other schools or scholarships? (Please tick): ☐ Yes/ ☐ No |
| If you ticked “Yes” please fill out the information below: |
| Name of School/Program | Dates of School/Program | Date you will know if you have been accepted |
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| Where are you currently living/based? |
| Are you able to attend an interview and an English language level assessment online? ☐ Yes / ☐ No |
| Do you have a passport valid until May 2024 (Please tick)? ☐ Yes/ ☐ No/ ☐ In process  |
| If not, will you be able to get one before August 2023? ☐ Yes/ ☐ No*(Note: the School will not pay for the cost of the passport)* |
| Have you traveled abroad before? ☐ Yes / ☐ NoIf yes, what was the purpose of the travel: |
| **Please provide information for two references** (*Your references must come from a teacher from your previous studies or an EarthRights alumni, and a community/organization leader*): |
| **Reference 1.** |
| Name: |
| Position: |
| Organization: |
| Address: |
| Phone number: |
| E-mail: |
| **Reference 2.** |
| Name: |
| Position: |
| Organization: |
| Address: |
| Phone number: |
| E-mail: |
| **Part VI. Learning needs assessment**Please give specific, concise answers to the following questions in English. Use simple and short sentences, in your own words. Stay within the number of words given.Please read the questions carefully, take time to reflect and answer them. Some questions relate to your organization and community. We recommend that you discuss these questions with your organization before you write your answer. By giving specific and honest answers and clear examples you help us to understand your background, strengths, needs and interests. We truly appreciate the time and effort you invest into answering this assessment. |
| 1. **Why shall we select you?** *(50-100 words)*
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| 1. **Describe the local community and the local context you work in.** *(Location, geographical and social context. What are the issues and challenges the community faces)* **Describe the problem your community is facing and how do you plan to address it?** *(250-350 words)*
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| 1. **Describe the organization you work with**. If you do not work with an organization, please describe the activism projects you are involved with in the community or with partner organizations or with your activist group. (*What is your/your organization’s role in the local community? Who is your target group, who are your beneficiaries? Who do you work together with? Who are your partners, allies, network members? What is your/your organization’s most important achievement? What are your/your organization’s daily activities? What is your role and contribution to daily activities and achievements? (150-250 words)*
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| 1. **How do the context and the activities of your organization connect to the topics and objectives of the 3-month course?** *(150-250 words)*
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| 1. **Describe 1 challenge your organization/community faces, related to your work with the community or the cause you are advocating for/against.** *(What is the challenge? What are its potential causes and effects? How are you handling it? What works well in the way you are handling this challenge? What does not work well in it? (150-250 words)*
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| 1. **After the course, you will return to your organization and community, and start implementing your project, to make a change. How will you work together with them? How will you share what you learned during the course, with your organization and community? How will the organization/group support you in using what you have learned during the course?** *(150-250 words)*
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| 1. **What do you want to achieve with your organization and community within 1 year after finishing the course?** *(100-150 words)*
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| 1. **In order to achieve what you have described above, what strengths, skills, experience, knowledge do you already have that you can build on and utilize immediately?** *(100-150 words)*
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| 1. **In order to achieve the changes, you want, what do you need to learn, know and be able to do by the end of the course? What knowledge and skills do you expect to learn? How will you apply your new knowledge and skills to make the change in your community?** *(250-350 words)*
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| 1. **How will you contribute to living, learning and working together as a group during the 3 months of the course? Please write about your own, practical contribution using “I”.** (and NOT general “we”, “you”, “all” or “everyone” or “people”).*(150-250 words)*
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| **Part VII. Declaration of understanding, submission** |
| ☐ I certify that I all the information provided here are accurate and the submitted essays are original work. ☐ By submitting this application, I declare that I have read, understood and agree to the content of the information package, the conditions and requirements of participation in the course and I am willing to participate in the full program accordingly. ☐ My organization is committed to support me, my initiatives and activities during the online and in-person parts of the course. They are willing to let me utilize what I have learned and implement it into our work after I have returned. |
| signature | signature  |
| name of applicant: | name of person in chargefrom the supporting organization: |
| name of supporting organization: |