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| --- |
| 1. **Personal Information**
 |
| 1. First and Middle Name:
 |
| 1. Family/Last Name:
 |
| 1. Sex
 |
| * 1. Male
 | * 1. Female
 |
| 1. Name of the organization you are representing:
 |
| 1. Type of organization
 |
| * 1. NGO
 | * 1. INGO
 |
| * 1. CBO
 | * 1. National network/coalition
 |
| * 1. International network/coalition
 | * 1. Disability organization
 |
| * 1. Faith based organization
 | * 1. Women’s organization
 |
| * 1. Youth organization
 | * 1. Children’s organization
 |
| * 1. Academic/research institution
 | * 1. Indigenous organization
 |
| * 1. Private sector
 | * 1. Other (please specify)
 |
| 1. Your position or job title:
 |
| 1. Address:
 |
| 1. Country:
 | City:  |
| 1. Telephone Number(/s) including Country Code:
 |
| 1. Email Address:
 |
| 1. Website:
 |

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| 1. **Financing and Sponsorship**

*We encourage as many organizations as possible to cover their participation costs since financial support is limited.* |
| 1. Are you fully self-financing (including flights, accommodation, meals, airport pickup/drop off)
 |
| 1. Yes
 | 1. No
 |
| 1. Are you partial self-financing? Please specify areas where you may require support.
 |
| 1. Do you require full support?
 |
| 1. Yes
 | 1. No
 |
| 1. **Special Needs**
 |
| 1. Do you require a visa to Liberia?
 |
| 1. Yes
 | 1. No
 |
| *If yes, please provide the following details:*Full name (as it appears on your passport):Passport No:Country of Issue:Date of Issue: Expiry Date: |
| 1. The majority of the meeting will be held in English. Do you require translation?
 |
| 1. Yes
 | 1. No
 |
| If yes, please specify which language from: |
| 1. Special dietary requirements:
 |
| 1. Please indicate any other support you may require:
 |

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| 1. **Please answer the following questions in 50 words or less:**

*NB: Selection of participants will be made based on your written responses taking into account the need to ensure gender, diversity, geographical and thematic balance etc.* |
| * 1. What is the purpose of your participation at this consultation meeting?
 |
|  |
| * 1. Please describe your organization’s or your own work and expertise in the thematic areas and the post-2015 process.
 |
|  |
| * 1. How do you intend to disseminate and implement the outcomes of the Monrovia CSO meeting to a wider audience at national and/or regional levels?
 |
|  |
| * 1. Which constituency does your organization represent?
 |
|  |

Thank you for your interest in participating in the HLP CSO meeting in Monrovia.

**Please do not confirm flights until you have received an official invitation.**

Selected participants will informed by 18th January 2013

Please send the completed application form by email to:

**info@askafricanow.org**

**No later than 16:00 GMT Wednesday, 16th January 2013**