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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. |
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| * 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**](mailto:info@askafricanow.org)

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