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**WHRD Window Application Form – Direct Logistical Support**

Please complete each of the questions below and submit to WPHF-WHRD@unwomen.org.

*Direct support is for women human rights defenders (WHRDs), from/working in crisis / conflict affected countries\*, who are seeking logistical support to participate, either individually or as a delegation, in a meeting, event or decision-making process, which contributes to their advocacy work in promoting human rights. This can be at the local, regional, or international level.*

*\** See for reference countries that might be eligible for support : List of matters of which the UN Security Council UNSC Resolution S/2022/10: [https://documents-dds-ny.un.org/doc](https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/417/71/PDF/N2141771.pdf?OpenElement)

**Direct support does not fund civil society organizations or programme implementation.**

Please ensure that the contact information you provide is secure and you are comfortable being contacted this way. Following your submission, you will receive a receipt confirmation email.

If your request is considered, the WPHF-WHRDs Window will contact you on next steps. Selected applicants will be requested to provide additional information, including but not limited to, bank details.

**Requests should be submitted preferably, at least 6 weeks before the event takes place, to ensure the support can be provided in a timely manner.**

**A. INDIVIDUAL APPLICATION**

(for delegation applications, please complete Section B)

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| **Country of Origin** |  |  |
| **Current Location** (\*if different from origin) |  |
| **Full Name** |  |
| **Age** |  |
| **Secure email address\*:** *\*A secure email address is an address you are OK to be contacted through to further discuss your application. If you feel that contact with WPHF may put you at risk we suggest that at minimum you use a secure computer, safe internet connection and open a separate, new email account and provide this address in the application instead.* |  |
| **Phone number/WhatsApp/Signal***Please include country code* |  |
| **Preferrable method of contact***Select main method* | [ ]  Email [ ]  Phone [ ]  What’s App[ ]  Signal[ ]  Other, please specify: |

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| **1. Please specify the start date\*, the duration, the location of the event/meeting and who the organizers are.** *\*Please attach either a program or agenda of the advocacy event/meeting(s).*  |  | Date of the event (dd/mm/yyyy):Number of days: Location of the event:Organizers of event/meeting: Website or invitation: |
| **2. What type of direct/logistical support are you seeking?***Select all that apply* | **Travel:**[ ]  Flight\*From: \_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy) Return: \_\_\_\_\_\_\_\_\_(dd/mm/yyyy)[ ]  Local Land Travel (bus,car,train)[ ]  Visa Fees[[1]](#footnote-2) [ ]  Daily Subsistence Allowance (daily meals, incidentals, accomodations)[ ]  Access for people living with disabilities \* *Please make sure you have a valid passport ( more than 6 months from the validity end date)***Translation & Interpretation :** [ ]  Simultaneous interpretation[ ]  Translation of documents[ ]  Translation/interpretation needs for people living with disabilities Other, please specify:If you selected translation/interpretation OR translation/interpretation needs for people living with disabilities , please specify details (e.g. language of translation, sign language, etc.) |
| **3. Please let us know if you have submitted a similar application to another organization, and/or received support (financial/non-financial) from another donor.** *Please note this question is for information purposes and for coordination only and is not evaluated.* | [ ]  Yes [ ]  NoIf yes, please explain what will be covered and the remaining gaps: |
| **4. Please tell us about yourself and your experience as a woman human rights defender. How have you been leading human rights and peacebuilding activities in your community?** (maximum 200 words) |  |
| **5. What are the objectives of the event/meeting/decision-making process?**(maximum 200 words) |  |
| **6. Please describe your role in the event/meeting/decision-making process, and what you are seeking to influence and achieve.** (maximum 200 words) |  |
| **7. What are the risks you (and/or your dependents) could face as a result of your participation in the event/ meeting/decision-making process? How will you mitigate these risks?** *Please list a minimum of two risks and mitigation measures* | Risks | Mitigation |
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**B. DELEGATION APPLICATION**

(If your application is for a delegation of women, please complete this section. For individual applicants, only use Section A)

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| Full Name | Age | Country of Origin | Current Location of each member (\*if different from origin) | Secure email address*\*A secure email address is an address you are OK to be contacted through to further discuss your application. If you feel that contact with WPHF may put you at risk we suggest that at minimum you use a secure computer, safe internet connection and open a separate, new email account and provide this address in the application instead.* | Phone number/WhatsApp/Signal*Please include country code* |
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*Add rows as necessary*

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| **1. Please name one focal point from the delegation list above.**  |  |  |
| **2. Preferrable method of contact of the delegation focal point.**  |  | [ ]  Email [ ]  Phone [ ]  What’s App[ ]  Signal[ ]  Other, please specify: |
| **3. Please specify the start date\*, the duration, the location of the event/meeting/decision-making process, and the organizers, if relevant.***\* Please attach either a program or agenda of the advocacy event/meeting(s).* |  | Date of the event (dd/mm/yyyy):Number of days: Location of the eventOrganizers of event/meeting: Website or invitation: |
| **4. What type of direct/logistical support are you seeking?***Select all that apply* |  | **Travel:**[ ]  Flight\* [ ]  Local Land Travel (bus,car,train)[ ]  Visa Fees[[2]](#footnote-3) [ ]  Daily Subsistence Allowance (daily meals, incidentals, accomodations)[ ]  Access for people living with disabilities \* *Please make sure you have a valid passport (more than 6 months from the validity end date)***Translation & Interpretation :**[ ]  Simultaneous interpretation[ ]  Translation of documents[ ]  Translation/interpretation needs for people living with disabilities: Other, please specify:If you selected translation/interpretation OR translation/interpretation needs for people living with disabilities , please specify details (e.g. language of translation, sign language, etc.) |
| **If you selected ‘flight’, please provide the travel itinerary of each member of your delegation***Add rows as necessary* |  | **Member** | **From\*** | **Departing** **Date** | **To**  | **Return Date\***  |
| *Full Name* | *City* | *dd/mm/yyyy* | *City* | *dd/mm/yyyy* |
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| **5. Please let us know if you have submitted a similar application to another organization, and/or received support (financial/non-financial) from another donor.** *Please note this question is for information purposes and for coordination only and is not evaluated.**.* |  | [ ]  Yes [ ]  NoIf yes, please explain what will be covered and the remaining gaps: |
| **6. Please tell us about your delegation and your experience as women human rights defenders. How have you been leading human rights and peacebuilding activities in your community together and/or individually?**Please provide a short bio of each member of the delegation (maximum 500 words) |  |  |
| **7. What are the objectives of the event/meeting/decision-making process?**(maximum 200 words) |  |  |
| **8. Please describe the role/mission of the delegation and of individual members in the event/meeting/decision-making process, and what you are seeking to influence and achieve.***(e.g. how the delegation was formed, objectives of the delegation, etc.)* (maximum 300 words) |  |  |
| **9. What are the risks you as an individual and/or as a delegation could face as a result of your participation in the event/meeting/decision-making process? How will you mitigate these risks?** *Please list a minimum of two risks and mitigation measures* |  | Risks | Mitigation |
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1. The WPHF only covers for visa fees, and is not involded in the facilitation of visa. The visa process should thus be handled by applicants individually. [↑](#footnote-ref-2)
2. The WPHF only covers for visa fees, and is not involded in the facilitation of visa. The visa process should thus be handled by applicants individually. [↑](#footnote-ref-3)