



Working through Legal and Community Frameworks to Combat Gender-Based Violence in Iraq

*A training program funded by the Secretary's Office of Global Women's Issues
of the United States Department of State*

Application

All information collected in this form will be kept CONFIDENTIAL and will be shared only between AMIDEAST and the Department of State for the purposes of delegation selection.

Bio Data

Please print your name as it appears in your passport:

First _____ Middle _____ Family _____

Please note your date of birth. Day _____ Month _____ Year _____

Eligibility Criteria

Please help us understand if you meet the eligibility criteria by completing the fields below.

- | | | |
|--|---------|--------|
| 1. I am a female | Yes ___ | No ___ |
| 2. I currently live in Iraq | Yes ___ | No ___ |
| 3. I hold a current Iraqi passport | Yes ___ | No ___ |
| 4. The expiration date of my Iraqi passport is after October 2011 | Yes ___ | No ___ |
| 5. My schedule will allow me to be in the U.S. for two weeks in April 2011 | Yes ___ | No ___ |

Employment Information

I am currently employed as:

- Lawyer
- Judge
- Legal prosecutor
- Activist
- Other: _____

The focus of my work is in (check all that apply):

- Protecting women against gender-based violence
- Public awareness to address gender-based violence and prevention
- Rehabilitation of victims of gender-based violence
- Other: _____

Languages

Proficiency in at least one of the three languages noted below is required .

Please put an X in each column to describe your proficiency in the following three languages:

Arabic	Fluent	Good	Basic	None
Listening				
Reading				
Speaking				
Writing				

Kurdish	Fluent	Good	Basic	None
Listening				
Reading				
Speaking				
Writing				

English	Fluent	Good	Basic	None
Listening				
Reading				
Speaking				
Writing				

Dietary Restrictions

Please list any dietary restrictions you have: ___ Vegetarian ___ Vegan ___ Other

If "Other", please describe:

Medical

Do you have allergies? ___ Yes ___ No

If you answered yes, please list your allergies:

Are you allergic to any medications? ___ Yes ___ No

If you answered yes, please list the medications you are allergic to:

Please note any ongoing medication conditions so that if you are selected to participate in this program, the staff monitors can best support you while you are in the U.S.

Other

Please note any other relevant information/special considerations that US based staff should be aware of should you be selected to participate.

Attachments

- Attach a written statement of three professional accomplishments in the last one to two years
- Attach a written statement of three professional goals for the next one to two years
- Attach your C.V. or resume

Submission Instructions

Send the completed application and attachments by email to AMIDEAST at iwdi@amideast.org

Application Due Date:

November 28, 2010

If you have questions, please contact AMIDEAST at iwdi@amideast.org or +202-776-9664.

First Written Statement - Three professional accomplishments in the last one to two years:

Second Written Statement - Three professional goals for the next one to two years: