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|  | **APPLICATION FORM** **ECUMENICAL ACCOMPANIER** |  |

***Send your completed application to: eappi@paxchristi.de***

*\* Information with an asterix will not be used as part of the selection process, but will help to determine how best to match people, skills and placements.*

## 1. Personal Information

|  |  |
| --- | --- |
| Surname: | First Name(s): |
| Current Address: | Permanent Address (if different) |
| \* Date and place of birth:  | E-mail: |
| Gender:  | Male Female  |
| Mobile phone:  | Telephone: |

|  |  |
| --- | --- |
| Nationality:  | Passport number:  |
| Date and place of issue: | Expiry date:  |

|  |
| --- |
| In case of emergency, who should be notified? |
| Name:  | Address: |
| Mobile phone:  | Telephone:  |
| Fax:  | Email:  |
| Language: English | Relationship to you:  |
| **Please indicate when you would be available to go to Israel-Palestine.** Please indicate **at least 2 departure dates** when you would be available for a three month term: (Dates may be subject to minor changes) |
| * November 2024 – February 2025
* January – April 2025
* April – July 2025
* July – September 2025
* September – December 2025
 |

**2. Family Situation**

### Please describe briefly your present family situation (i.e. do you have a partner/ children/other dependents)

### 3. Education

Please give dates of attendance at schools and colleges.

\* Have you ever participated in nonviolence training?

If yes, please specify:

\* Do you have specialized training in Human Rights and/ or International Humanitarian Law?

If yes, please specify:

### 4a. Work Experience

Please give details of your work experience starting with your present/most recent employment.

|  |  |  |
| --- | --- | --- |
| Dates | Name and address of employer and nature of business / work | Position held and brief description of duties |
|  |  |  |

**4b. Volunteer Experience**

Please give details of any volunteer work:

|  |  |  |
| --- | --- | --- |
| Dates | Name, location and nature of work | Position held and brief description of duties |
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### 5. Knowledge of Israel-Palestine

Have you visited Israel and/or Palestine before and if so, for what purpose?

Please write a paragraph (not more than 250 words) to summarize your understanding of the current situation in Israel-Palestine.

### 6. Knowledge of Languages

Mother tongue:

Please indicate your level of proficiency in each language by ticking the appropriate box and give details of any other languages you know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Basic | Competent | Fluent |
| English (spoken) |  |  |  |  |
| English (written) |  |  |  |  |
| \* Arabic (spoken) |  |  |  |  |
| \* Arabic (written) |  |  |  |  |
| \* Hebrew (spoken) |  |  |  |  |
| \* Hebrew (written) |  |  |  |  |
| \* French |  |  |  |  |
| \* German |  |  |  |  |
| \* Other |  |  |  |  |

Anything else regarding languages you would like to comment on:

### 7. Technological literacy

Please give your level of competence with computers, mobile phones and digital cameras

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| --- | --- |
| **Office tools** | **Level****(Basic – Moderate – Advanced)** |
| Use of a mobile phone  |  |
| - updating phone book |  |
| - writing and receiving messages |  |
| - listening to voice mail |  |
| Use of a digital camera  |  |
| - taking pictures |  |
| - downloading pictures to the computer |  |
| Use of a video camera |  |
| Use of a computer: |  |
| - Microsoft Word |  |
| - Microsoft Excel |  |
| - Microsoft PowerPoint |  |
| - saving pictures on CDs |  |
| Use of the Internet |  |
| Ability to use e-mail programs including attaching documents and pictures |  |

Any additional skills:

### 8. Exposure to other cultures and faiths

Have you travelled, lived or worked in any other country/ies? YES / NO

If yes, please give dates and details:

Have you had exposure to people of other faiths and cultures?

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9. Experience of writing and research

Writing articles for publication is a requirement for the programme. Please give brief details of any reports or articles you have written with dates and purpose.

**10. Active involvement**

Do you belong to any church-related, ecumenical, faith-based or other civil society networks?

Please give details

### 11. Advocacy work

Please give details of your experience of public speaking or other communication work.

Which of the above mentioned networks can assist in your advocacy work during and after your participation in the EAPPI?

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## 12. Team work

EAPPI expects participants to live and work closely in teams with people of different countries, age, gender, and background. Please give examples of the teams that you have been part of. What roles have you taken within these teams and what did you learn from this experience?

How do you feel about sharing a bedroom with another person for three months?

### 13. Motivation

Please write a few paragraphs (not more than 400 words) on why you are applying for the post of an Ecumenical Accompanier.

### 14. Referees

Please give the names of three referees (NOT relatives) who have known you for at least one year.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Referee 1 | Referee 2 | Referee 3 |
| Name: |  |  |  |
| Phone: |  |  |  |
| How you know him/her: |  |  |  |

### 15. Health

Please note that this section on your health is integral part of the assessment procedure. It will also help to determine which placement is most suitable in case you need any medical treatment while in Israel-Palestine. *Please make sure you answer both questions carefully. Providing misleading information about your health may lead to the discontinuation of your term as an Ecumenical Accompanier.*

Do you have any special dietary requirements? YES / NO

If yes, please give details:

Do you, or others, consider that you have or have had any illnesses (physical or mental), other health issues, disabilities, cognitive, behavioural or mobility problems? YES/NO

If yes, please give details:

### 15/a COVID Vaccinations

We ask you to communicate to us if you are vaccinated. This is to reduce health risks within the programme and for the communities we accompany.

Please indicate:

Did you have COVID within the last six months? YES / NO

In case YES: please attach proof of it

In case NO: please duly fill-in the following

Vaccinations received ……… …………………………………………………………………………

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Dates of vaccinations ………………………………………………………………………………..

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### 16. Safeguarding

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| --- |
| 16.1 Have you ever had a police conviction? YES / NOIf yes, please detail: |
| 16.2 Have you been charged with any offence including any charge that is incomplete or awaiting legal action, or are you aware of any investigation into your affairs that has the potential to lead to charges including relating to child abuse, exploitation or child pornography YES / NO |
| 16.3 Are you willing to undergo a police check (including regarding child abuse offenses) as part of your application? YES / NO |
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### 17. Feedback

Please tell us how you found out about EAPPI

### 18. Declaration

I confirm that the information given above is true and complete.

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_