



# **AFRICANDEFENDERS**

Pan-African Human Rights Defenders Network

## **DEFENDER ID CARD APPLICATION FORM**

Date of application:

### **Personal Information**

First name:\*

Other names:\*

Country of origin:\*

Date of Birth:

Email:

Phone:

### **Emergency Contact<sup>1</sup>**

Full name:

Email:

Phone:

### **References**

1) Referee full name:

Organisation:

Position:

Email:

Phone:

2) Referee full name:

Organisation:

Position:

Email:

Phone:

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<sup>1</sup> The details of your emergency contact will appear on the Defender ID Card. If you want any of these details not to appear on the card, please write "NOT TO BE PUBLISHED" after the details that you do not want to be published on the card.

\*These will be used on the Defender ID Card.

## **Human Rights Work**

Organisation(s) of affiliation (if any):

Position (if any):

Description of your human rights work :

*(please specify the issues you have focused on and outline the main activities you have conducted for the promotion of human rights, including specific organisations you have worked with and the timeline of your actions - Max. 300 words)*

## **Any other information:**

Please submit this form (word or PDF format) to [defenderID@defenddefenders.org](mailto:defenderID@defenddefenders.org), along with:

- a. A recommendation letter from a member of AfricanDefenders' Steering Committee or an operating partner;
- b. A signed Defender ID Card Agreement (available on [africandefenders.org](http://africandefenders.org) for download).