Appendix 1

**COMPASS National Training Courses**

**on Human Rights Education**

**With young people 2020**

**Application form**

*Please type all your answers and answer all questions clearly and concisely. Add extra lines or pages as needed, but please keep to the order of questions.*

**INFORMATION ON THE ACTIVITY**

**1. Training course details**:

1a. Title of the course:

1b. Implementation period (Start date):

1c. Training course (start date):

1d. Training course (end date):

1d. Implementation period (End date):

1d.Number of working days (*training courses must have minimum 4 consecutive working days in duration)*:

1e. Working language(s) of the course:

**2. Name of the applicant organisation**(s):

**3. Venue** (if possible, provide the address):

**4. Aims and objectives of the training course**

4.1 What is the aim of the training course?

4.2 Which are the objectives of the training course?

4.3 How does the training course intend to make use of Compass and/or Compasito and other [Council of Europe educational resources](https://www.coe.int/en/web/youth/manuals-and-handbooks) ?

* 1. Is the training course connected to recently published translations of Compass, Compasito and/or other [Council of Europe educational resources on human rights education](https://www.coe.int/en/web/youth/manuals-and-handbooks)? Yes  No  Please specify:

* 1. What is the concrete added value the training course brings to the Human Rights Education Youth Programme of the Council of Europe?

* 1. Will the training course support the creation or development of network(s) of key multipliers in human rights education with young people in your country?

**5. Programme outline and methodology**

5.1 What will be the main contents and methodology of the envisaded programme? *(Please specify in the course programme how COMPASS and/or other* [*Council of Europe educational resources*](https://www.coe.int/en/web/youth/manuals-and-handbooks) *will be used during the training course).*

5.2 Which are the competences addressed by the training course? (What knowledge, skills and attitudes would be addressed through the course?)

**6. Participants in the training.** *Please provide details about:*

6a. Profile of participants

Youth workers   
Youth leaders

Teachers   
 University students   
Human rights activists

Government representatives   
Local municipalities

Other, please specify:

6b. Number of participants (*the accepted minimum is 18 and the maximum 40*)

6d. Relationship of participants with your organisation(s)

6e. Criteria for selection of participants

6f. The planned procedure and calendar for recruitment

**7. Composition (probable) of the team of trainers**

|  |  |  |
| --- | --- | --- |
| Name of trainer | Organisation | Competences or experience (in relation to the course) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**8. Preparation**

8.1 Are there preparatory meetings foreseen? Yes  No

8.2 What is the timeline of the preparation process planned for this course?

8.3 Would the trainers’ team be involved in the preparation process?Please be specific:

**9. Follow-up**

9.1 What is the expected impact of the training in your community/locality/region in relation to human rights education?

9.2 What follow-up do you expect participants to undertake as a result of the course?

9.3 Do you intend to support participants in their future projects or follow-up activities? (be as specific as possible)

9.4 How will your organisation follow-up on the training course?

**10. Type of support you request from the Council of Europe** (multiple choices are possible):

**Educational support and advice:**

Trainer contracted by the Council of Europe (if a trainer will be requested, their board and lodging costs will be supported by the organisation/project)

Trainer recommended by the Council of Europe (and paid for by the organisers)

**Institutional support (please specify, if relevant):**

**Financial support:**

*If yes, please submit your detailed budget proposal using the table below (appendix2).*

**INFORMATION ON THE APPLICANT(S)**

**Contact person(s)**

Please provide the name and contact details of the person in charge of the project:

Name:

Position in the organisation**:**

Email:

Address:

Telephone number:

**Organisation details:**

Address (include city, postal code, and country):

Telephone (include international dialling code):

Email:

Website:

Are you cooperating with any other organisation(s) in making this request? If so, please give details of the organisation(s), their profile(s) and a contact person(s):

**Co-funding**

Indicate below how your organisation intends to contribute to the project (either by way of its own resources or by contribution from third parties). Co-financing may take the form of financial or human resources, in-kind contributions or income generated by the action or project;

**Declaration of honour**

By signing this form I, the undersigned, authorized to represent the applicant, hereby certify that the information contained in this application is correct and that the applicant organisation has not received or applied for any other Council of Europe funding to carry out the action which is the subject of this grant application.

I also certify on my honour that the applicant organisation is not in one of the situations which would exclude it from taking part in a Council of Europe grant award procedure, and accordingly declare that the applicant:

a. has not been sentenced by final judgment on one or more of the following charges: participation in a criminal organisation, corruption, fraud, money laundering;

b. is not in a situation of bankruptcy, liquidation, termination of activity, insolvency or arrangement with creditors or any like situation arising from a procedure of the same kind, or is not subject to a procedure of the same kind;

c. has not received a judgment with res judicata force, finding an offence that affects its professional integrity or constitutes a serious professional misconduct;

d. does comply with its obligations as regards payment of social security contributions, taxes and dues, according to the statutory provisions of the country where it is established;

e. is not and neither likely to be in a situation of conflict of interests.

**First name**

**Family name**

**Function**

**Name of the organisation**

**Date Signature**

**Please send this form duly completed and signed to:**

*Council of Europe, Youth Department*

*E-mail:* [youth.HRE@coe.int](mailto:youth.HRE@coe.int)

**Before 25 November 2019**