

## **Application Form**

Contact Information		
□ Name		
☐ Legal Name (If different)		
☐ Address		
☐ City/Town		
□ State/Province		
☐ Country		
☐ Email Address		
☐ Phone Number		
What are your preferred pronouns? (Feel free to check all that apply)		
☐ She/Her		
☐ He/Him		
☐ They/Them		
☐ Ze/Hir		
□ None, please use my name		
☐ Other (please specify)		
How do you self-identify? (Feel free to check as many or as few as you would like)		
☐ Lesbian		
☐ Gay		
☐ Bisexual		
☐ Pansexual		
☐ Queer		

	<ul><li>Yes, and I was approved</li><li>Yes, and I was rejected</li></ul>	
	□ No	
	S Visa application)	
•	tion in Advocacy Week programming is contingent on the approval	
Have you	previously applied for a US visa? (Please note your in-person	
	□ Other (please specify)	
	□ No, I am a US citizen	
	□ No, I am already in possession of a US travel visa	
	□ Yes	
Will you need to apply for a US visa?		
<u>Travel</u>		
<u>Logistica</u>	<u>I Information</u>	
Please ins	sert a 200-250 word professional bio about yourself below.	
	□ Other (please specify)	
	□ I'd prefer not to say	
	□ Straight / Heterosexual	
	□ Trans Women	
	□ Trans Man	
	□ Transgender	
	□ Non-Binary/Genderqueer	
	□ Cisgender	
	□ Intersex	

have you participated in Advocacy week before?
☐ Yes
□ No
If 'yes', please indicate which year(s) you were in attendance.
□ 2014
□ 2015
□ 2016
□ 2017
□ 2018
□ 2019
□ 2022
What languages do you speak?
Do you have any food allergies or dietary restrictions? (This information will be used for catered activities and events)
Do you have special access needs? (For example: Wheelchair ramps)
Will you have access to a smartphone during your time in New York? (for
communication purposes)
□ Yes
□ No
<u>Organizational Information</u>
(Only applicable if you are applying as an organizational representative)
What is the name of your organization?
What is your organization's mission statement?

Please share your organization's website and/or social media pages, if applicable.
What is your current position title?
How long have you been in your current position? (Years, months)
LGBTIQ Movement Building
Why are you interested in attending Advocacy Week? (max. 200 words)
In what way will your experiences, skills, and background contribute to an effective Advocacy Week for all participants? (max. 200 words)
What issues would you like to highlight during the week? (max. 150 words)
Are you part of any national, regional or international coalitions working on LGBTIQ human rights, gender justice, peace and security, sustainable development, or other human rights and social justice issues? If so, please list the coalition and your role in the coalition.
If your application is successful how do you plan to use your participation in Advocacy Week in your LGBTIQ movement work at home? (max. 150 words)
Does your organization currently work with the UN system, either locally (a country office in your country), regionally, or internationally?  ☐ Yes ☐ No

f yes, which	part of the UN System?
	UNDP
	OHCHR
	UNAIDS
	UN Women
	UNHCR
	UNFPA
	OCHA
	World Health Organization
	UN Treaty Bodies
	UN Special Procedures
	The Universal Periodic Review Process
	The Human Rights Council
	The Security Council
	The Commission on the Status of Women (CSW)
	The Commission on Population and Development (CPD)
	The General Assembly
	The High Level Political Forum on Sustainable Development Goals
	(HLPF on the SDG's)
	Not Applicable
	Other (please specify)

Do you have personal experience with advocating with governments in UN spaces or other multilateral or international contexts? If so, please explain.

What specific diplomatic missions (governments represented at the UN, including your own) are you most interested in meeting? Please rank up to 10 missions below.

What specific UN agencies are you most interested in meeting? Please rank up to four UN agencies below.

## **Funding**

Most Advocacy Week participants are fully funded by Outright and are not		
expected to have their own sources of funding. Outright will also consider		
applications from candidates who do have institutional funding to		
participate. Please check the box that applies:		
Yes, I am seeking funding from OutRight		
☐ No, my affiliated organization will be funding my attendance		

☐ Other/Not sure (please specify)