APPLICATION FORM

World Council of Churches

ECUMENICAL ACCOMPANIER

Ecumenical Accompaniment Programme in Palestine and Israel

Please send your electronically completed application via e-mail to eappi@paxchristi.de - pax christi Deutsche Sektion e.V.

1. Personal Information

Surname:	First name(s):
Current address:	Permanent address (if different):
Date and place of birth:	E-mail:
Gender: male ☐ female ☐ divers ☐	
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:	Relationship to you:

Please indicate <u>at least two dates</u> when you would be available to go to Palestine-Israel for a three-months term:

- ❑ October 2027 – January 2028
- ❑ January – April 2028
- ❑ March – June 2028
- ❑ June – August 2028
- ❑ August – November 2028

2. Motivation

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

3. Knowledge of Israel-Palestine
Have you visited Israel and/or Palestine before and if so, for what purpose?

Please write a few paragraphs (not more than 400 words) to summarize your understanding of the current situation in Palestine and Israel.

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

5. Education
Please give details of your school and professional education (dates of attendance, name of institution, degree)

* 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:

6a. 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

6b. Volunteer Experience
Please give details of any volunteer work:

Dates	Name, location and nature of work	Position held and brief description of duties

7. 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)				
* Other				

8. Technological literacy
Please give your level of competence with computers, mobile phones and digital cameras

Any additional skills on specific program/s – application/s:

9. Exposure to other cultures and faiths
Please briefly describe exposure to people of other faiths and cultures (through work, travel, family, friends etc.)

10. Team work
EAPPI expects participants to live and work closely in teams with people of different countries, age, gender and background. Please give brief 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?

11. Active involvement
Do you belong to any church-related, ecumenical, faith-based or other civil society networks? Please give details

12. Experience of writing, research and advocacy work
a) 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.

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

c) Which of the above-mentioned network/s (question 11) can assist in your advocacy work after your participation in the EAPPI?

13. 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:

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14. Safeguarding

Have you ever had a police conviction? YES ☐ / NO ☐
If yes, please detail:

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 ☐

Are you willing to undergo a police check (including regarding child abuse offenses) as part of your application? YES ☐ / NO ☐

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15. 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:			

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17. Feedback
Please tell us how you found out about EAPPI.

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18. Declaration

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

Name of applicant:

Date:
