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| AFRICAN UNION | logo | UNION AFRICAINE |
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**AFRICAN UNION TRAINING ON SETTLEMENT OF DISPUTES WITHIN THE AFRICAN CONTINENT: THE AFRICAN CONTINENTAL FREE TRADE AREA**

**CAIRO REGIONAL CENTRE FOR INTERNATIONAL COMMERCIAL ARBITRATION**

**CAIRO, EGYPT**

**13 - 17 MAY 2019**

**APPLICATION FORM**

**DEADLINE: FRIDAY, 19 APRIL 2019**

**Application instructions (Please Read carefully):**

Please complete in English, typewritten. All answers should be clear and as detailed as possible. A **‘Letter of Transmission’** **MUST** be completed and signed by a senior official of the institution that presents a candidate’s application.

Additionally, a candidate whose mother tongue or language of instruction is not English, must submit evidence of his/her ability to participate in a training conducted in English (e.g. diploma of courses conducted in English, language test certificate, extensive work experience in English, etc.).

More information is available at [www.au.int](http://www.au.int)

All completed applications should be sent by email, no later than **Friday, 26 April 2019**, to [**OLC-Registry@africa-union.org**](mailto:OLC-Registry@africa-union.org).

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| **PART 1** | |
| **1.** **Full Name:** ***(Please indicate your surname in CAPS)*** |  |
| **2.** **Date of birth:** |  |
| **3.** **Gender:** |  |
| **4.** **Nationality:** |  |
| **5.** **Permanent address:** |  |
| **6. Mailing Address if different**: |  |
| **7. Telephone number:** |  |
| **8. Email address:** |  |
| **9. Skype name (if you have one)** |  |
| **10. All universities attended, including degree obtained and degree award date:** |  |
| **11. List Membership(s) of professional societies and your activities in dispute resolution:** |  |
| **10. Current employer and name of Supervisor** |  |
| **11. Position:** |  |
| **12. Language(s) and proficiency:** |  |
| **13. Self-funded or Sponsored by AUC** ***(Please indicate. Applicants who are self-funded will bear the costs associated with participation, i.e. travel, accommodation and living expenses. Training materials will be provided to all participants)*** |  |

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| **PART 2** |
| **1. List the existing legal instruments regarding dispute resolution mechanisms in your country/sub-region.** |
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| **2. Has your country participated in an Investor-State Dispute Settlement (ISDS)? If so, please specify.** |
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| **3. Has your Country ratified the African Continental Free Trade Area (AfCFTA), the ICSID Convention, the New York Convention?** |
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| **4. Please state the national legislation that permits the enforcement of International Arbitral Awards** |
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| **5. How will this training programme contribute to your work or organisation/institution work? Please describe how you plan to make use of the knowledge obtained during the training on your return home in relation to your current responsibilities or those you expect to assume.** |
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**DECLARATION**

I declare that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. If selected as a participant, I undertake to:

1. Conduct myself at all times in a manner compatible with my status as a participant of the Training;
2. Attend the entire 5 days of the training and participate in all lectures and activities undertaken by the training;
3. Refrain from engaging in political, commercial or other similar activities during my participation in the training;
4. Submit any reports and assignments in accordance with the arrangements made by the organizers of the training;
5. Accept the conditions of participation that will be established by the organizers and that are commensurate with African Union regulations and rules;

…………………………………………………………

Signature of the Applicant

Date:

**LETTER OF TRANSMISSION**

**(To be filled out only by Institutions/Organisations/Entities that present a candidate’s application)**

The [Government/University/Institute/Organisation (insert name)]

Nominates (insert name of candidate)

For the African Union training on Settlement of Disputes within the African Continent

For **a fellowship** or **a self-funded** place

And certifies that:

1. The training to be undertaken is needed to enhance the knowledge, educational and research capacity;
2. All information supplied by the nominee is complete and correct;
3. The nominee has adequate knowledge, appropriately tested, of the language in which the course is given;
4. The absence of the nominee during his/her participation in the training would not have any adverse effect on his/her status, seniority, salary, pension and similar rights;
5. The nominee, if selected, will be released from his/her duties in order to attend the training in its entirety.

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| **Institution presenting the application:**  **Address:** | …………………………………………..  **Signature of responsible official**  **Date:** |