

**WORLD ORGANISATION AGAINST TORTURE**

**ORGANISATION MONDIALE CONTRE LA TORTURE**

**ORGANIZACION MUNDIAL CONTRA LA TORTURA**

Thank you for your interest in joining our SOS-Torture Network!

Please fill in the questionnaire below and return it to:

OMCT - World Organisation Against Torture

P.O. Box 21, 1211 – Geneva 8, Switzerland

E-mail: [omct@omct.org](mailto:omct@omct.org)

**Please do not forget to attach to your application the following documents:  
1. Constitution or organisational charter / founding documents**

**2. Annual Activities report**

**3. Endorsement letters from Network members or OMCT General Assembly members**

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| **1. ORGANISATION DETAILS** | |
| **Organisation name (extended version and acronym, if any):** | |
| **Logo (please paste institutional logo or attach it in a separate file):** | |
| **Creation year:** | |
| **Brief description of your organisation:** | |
| **Annual budget:** | |
| **Number of employees:       Number of volunteers:** | |
| **Consultative status with regional or international organisations: Yes  No**  **If yes, please specify of what type:** | |
| **2. CONTANT INFORMATION** | |
| **Full headquarter address:** | |
| **Full field office(s) address, if any:** | |
| **Tel/Fax:** | |
| **Country:** | |
| **Region:** | |
| **Institutional e-mail address:** | |
| **Website:** | **Social media (Facebook, Twitter…):** |

**3. FOCAL POINT CONTACT DETAILS**

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| **Contact person 1:** | **Contact person 2:** |
| **Title:** | **Title:** |
| **E-mail:** | **E-mail:** |
| **Phone Number:** | **Phone Number:** |
| **Media Focal Point:** | |
|  | |
| **E-mail:       Phone Number:** | |
| **Preferred language(s): English  French  Spanish  Other  (please specify):** | |
| **4. TYPE OF ORGANISATION** | |
| * Grassroots organisation * Community-based organisation * Local organisation * Faith-based organisation * Trade union organisation * Professional association * Academic institution and research centre * Regional organisation * Umbrella organisation * Coalition * Network * Federation * International organisation * Other (please specify): | |
| **5. MAIN FOCUS AREAS OF WORK (please tick one or more boxes as appropriate)** | |
| * Torture * Extrajudicial killings * Enforced disappearances * Arbitrary detention * Human Rights Defenders * Women’s rights * Children’s rights * Civil and political rights * Economic, social and cultural rights * Business and Human Rights * Minority rights * Indigenous people’s rights * Detainees’ rights * Environmental rights * Refugees and asylum seekers’ rights * Counter-terrorism and human rights * Victims assistance and rehabilitation * Other (please specify): | |
| **6. MAIN ACTIVITIES (tick one or more boxes as appropriate)** | |
| * Advocacy * Campaigning * Documentation of violations * Capacity building/training/educational * Legal assistance and/or litigation * Research * Mobilisation * Human Rights Defenders protection and/or relocation * Publications and tool development * Engagement with intergovernmental bodies * Victims assistance and rehabilitation * Other (please specify): | |
| Please list your organisation’s main programmes and provide a few examples of main recent activities and achievements: | |
| **7. WORK ON TORTURE AND CRUEL, INHUMAN AND DEGRADING TREATMENT** | |
| Please list any past and/or present work on torture and CIDT. Please provide any material, annexes and/or links on your work on torture, if available. | |
| **8. OTHER AREAS OF WORK IN LINE WITH OMCT’S MANDATE** | |
| Please list any past and/or present work on any other areas in line with OMCT mandate (extrajudicial killings, enforced disappearances, arbitrary detention, HRDs….). Please provide any material, annexes and/or links on your work on torture, if available. | |
| **9. SCOPE OF ACTION** | |
| **Local**  **Please specify focus regions, if any:**  **National**  **Please specify focus regions, if any:**  **Regional**  **Please specify focus countries, if any:**  **International**  **Please specify focus countries, if any:** | |
| **10. PREVIOUS OR EXISTING COLLABORATION WITH OMCT OR ITS MEMBERS** | |
| Please describe any previous or existing collaboration with OMCT or its members, if any, including year and name of the initiative (max 250 words): | |
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| **11. AFFILIATION TO OTHER NETWORKS** | |
| Is your organisation affiliated to any other network, coalition or federation? Yes  No  **If yes, please specify (max 100 words):** | |

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| **12. WHAT DOES YOUR ORGANISATION EXPECT FROM JOINING THE SOS-TORTURE NETWORK?** | |
| Please describe how OMCT and its members could support your organisation in achieving its goals and through what kind of actions (advocacy support, joint statements and reports, victims assistance...) (max 250 words): | |
|  | |
| **13. IN WHAT WAYS COULD YOUR ORGANISATION CONTRIBUTE TO STRENGHTENING THE SOS-TORTURE NETWORK AND CONTRIBUTE TO ACHIEVING OMCT’S OBJECTIVES?** | |
| Please describe in what way you would contribute to the Network and to OMCT’s work and specify what kind of expertise you could bring (max 250 words): | |
| **14. WHAT TYPES OF PUBLICATIONS OR MATERIALS DOES YOUR ORGANISATION PRODUCE?** | |
| **Periodic:** | |
| **Irregular:** | |
| **Academic:** | |
| **Other:**  **Please specify:** | |
| **15. CAN YOU GIVE THE NAMES OF FIVE HUMAN RIGHTS NGOs YOU WORK OR HAVE WORKED WITH IN YOUR REGION THAT ARE EFFICIENT AND TRUSTWORTHY?** | |
| **1.**  **2.**  **3.**  **4.**  **5.** | |
| **16. CAN YOU GIVE THE NAMES OF FIVE PERIODICALS, PRESS AGENCIES AND JOURNALISTS IN YOUR REGION TO WHOM INFORMATION CAN BE SENT IN THE FRAMEWORK OF A PRESS CAMPAIGN?** | |
| **1.**  **2.**  **3.**  **4.**  **5.** | |
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| **17. IS YOUR ORGANISATION WILLING TO BE CONTACTED BY OTHER MEMBER ORGANISATIONS FOR ADVICE AND TECHNICAL ASSISTANCE?** | |
| **Yes:** |  |
| **No:**  **If Yes, please specify on what topics:** | |
|  | |
| **18. ENDORSEMENTS** | |
| Please list two current OMCT members or OMCT General Assembly members that endorse your application (please attach the endorsement letters to your application): | |
| **Name of organisation/GA member:** | **Name of organisation/GA member:** |
| **Contact person and position:** | **Contact person and position:** |
| **E-mail:** | **E-mail:** |
| **Phone:** | **Phone:** |