



FORENSIC ANTHROPOLOGY AND HUMAN RIGHTS IN THE HORN OF AFRICA: UNCOVERING SOMALILAND'S TROUBLED PAST

Criteria and Application Form

January 11 – February 14, 2016

The cost for each participant is US\$4000. To secure your place in the Field School, you must pay a non-refundable transfer/deposit of US\$ 200 before the application deadline (October 30, 2015); a first payment of US\$ 1900 is due by November 20, 2015 and a second payment of US\$ 1900 should be completed by December 23rd, 2015.

Please fill out the form and send it as soon as possible to: fieldschool@epafperu.org

We welcome your interest in the EPAF Field School, Somaliland. Apart from the obvious educational and professional benefits, Field Schools of this kind can be an exceptionally rich and meaningful experience. However, you should be aware that the field school can also be intense and demanding, both in terms of learning and also in terms of the dynamics of working in a small team in difficult conditions. We would like to see participants meet the following criteria:

- Positive and enthusiastic approach to multi-disciplinary learning.
- Interest in a combination of: forensic anthropology, forensic archaeology, cultural and community development, human rights, indigenous rights, human development, power relations and gender.
- Some knowledge of the past and present issues of Somaliland and some general understanding of Africa in general.
- Good physical and emotional health.
- Preparation for the frustrations and challenges of living and working in an environment devoid of the usual comforts and technological assets of home.
- Commitment to continue the work in their communities upon their return home.

Our intention is to organize a Field School composed of people with different qualifications, skills and experience. The application process consists of the following:

- a) Complete this application form in its entirety
- b) Participate in an interview through Skype with organizers and facilitators of the Field School
- c) Sign the Waiver of Liability and Assumption of Risks

Please fill in the information below using as much space as you need (you do not have to fit the information in the space provided and can submit additional pages if necessary).

A. PERSONAL DATA

1. Full Name
(as it appears on passport): _____

2. Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

3. Telephone Day: _____ Telephone Work: _____

Telephone Evening: _____

Fax: _____

4. Email: _____

5. Age: _____

6. Passport #: _____

7. Nationality: _____

8. Date & Place of Issue: _____

9. Highest Level of Education: _____

10. Current Occupation & Location: _____

11. If currently a student, please name your university and your major field of study:

12. Sex: Female _____ Male _____

B. TRAVEL EXPERIENCE AND PERSONAL BACKGROUND

1. Have you ever traveled to countries in Africa or other developing countries?

Yes: _____ No: _____

Brief Description (include tourist, business, volunteer, and other delegations):

2. What is your understanding of the political and historical situation in the Horn of Africa?

3. What are your travel and living experiences outside of your regular routine? Please outline any travel or living experience outside of your own country or within your country but in circumstances different than your regular routine (where, when, what you did)?

4. Describe any demanding situations you have experienced. How did you react in these situations?

5. Is there anything else you would like us to know about you?

6. Have you ever been on EPAF field school before? Yes: _____ No: _____

If so, when?

7. English Language Proficiency (Note: English fluency is mandatory for participation.)

Fluent: _____ Conversational: _____ Some Speaking: _____ None: _____

8. Describe any relevant activism or leadership roles you have taken, especially in Human Rights and related issues:

9. Why would you like to participate in this field school?

10. How will you use your field school experience upon returning to your country and in the field of education?

C. COMMUNITY INVOLVEMENT

1. What local, grassroots or other (non-profit) organizations have you have been involved with?

2. What are the commitments/issues that are most important to you?

3. How did you hear about the EPAF field schools? Please check all that apply.

- University. Name: _____
- Work or training
- Flyer or brochure
- Other website: _____
- Social media (Facebook, Twitter, YouTube)
- Google or other online search
- Someone referred you (friend, professor, classmate). Name: _____

D. HEALTH/SPECIAL NEEDS INFORMATION

Specific health issues or requirements will not exclude you from the field school. However, please make us aware of these conditions so that we may better assess any special measures we might need to take in order to accommodate you. We will maintain this information in strict confidentiality. Please check with your health care provider to be sure that you have health coverage during your travels. If necessary, EPAF can provide you with a list of suggested travel insurance providers.

1. My general health is: Excellent: _____ Good: _____ Fair: _____

2. List all allergies: (disabilities, diabetes, heart conditions and other health related problems).

3. Do you have any conditions that would require special accommodations?

Yes: _____ No: _____

4. List all prescription medicines you take on a regular basis:

5. Do you have any special dietary needs (i.e. vegetarian, vegan, food allergies)? If yes, please explain.

Yes: _____ No: _____

E. PERSONAL SKILLS

List the personal skills you bring to a group and emphasize those you believe are your strengths. Please include practical skills and knowledge you have, e.g. photography, writing, facilitating meetings, translation. Mention any skills that would benefit your follow-up work upon your return, e.g. public speaking, mentoring/teaching.

F. PERSONAL REFERENCES

Please provide the names and contact information of TWO people who are most familiar with your professional and/or activist work:

A) Name: _____

Phone: _____ E-mail: _____

B) Name: _____

Phone: _____ E-mail: _____

G. EMERGENCY CONTACT

Please provide the name and phone number of a family member or friend who could act as an emergency contact. Please make sure that the person knows how to contact the EPAF office in Lima, Peru if it is urgent that they get in touch with you.

Name: _____

Relationship: _____

Phone: _____

Email: _____

H. PARTICIPATION GUIDELINES AND CANCELLATION POLICY

During your visit, you will be viewed as a representative of EPAF. In addition, your words and actions reflect on the rest of the group. EPAF reserves the right to ask any participant to leave the field school if they engage in continuous inappropriate or unacceptable behavior. It is mandatory that all of our participants purchase travel insurance in the case of a personal emergency; this should cover emergency evacuation from the region by air. When a participant cancels all or part of the Field School for medical or family emergency reasons, we will make every reasonable effort to issue a partial refund, but EPAF will have no obligation to do that.

I. SCHOLARSHIPS

EPAF works with very limited funds and is not able to offer scholarships of any kind. However, scholarships for this Field School may be available through your university, graduate programs, Department of Education, and other local and national grants. We encourage you to seek these resources and will try to support your fundraising efforts if possible.

NOTE:

We have ZERO tolerance for drug use and lack of commitment to daytime and evening group work. Participation with this field school requires commitment to the scheduled activities, which will restrict opportunities for individual exploration. Participants may stay longer for personal travel at the completion of the field school.

Please read carefully, fill in the required information, and sign the following page. You will have to print this last page to place your signature. Once signed, you can scan the page and e-mail it as an attachment, along with this document, to fieldschool@epaperu.org

Thank you for your interest in the field school and please do not hesitate to contact us at the same e-mail address if you have any questions.

Applicant Signature: _____

Date: _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISKS
For Equipo Peruano de Antropología Forense (EPAF) and Somaliland Field School

I, _____, have voluntarily joined the EPAF delegation to Somaliland. I understand that there are significant differences between this country and my own, which include culture, religion, economics, politics, climate, living conditions, diet, water quality, transportation, medical care, and physical safety.

I also understand that medical support facilities in Somaliland are minimal in rural areas and that access to all types of health care, including for emergencies, may be difficult. I understand that I will not be able to expect the same type of healthcare that I would receive in my own country. I have fully informed EPAF of any condition relating to my mental or physical health that might affect my participation in the delegation. I understand that EPAF is not responsible for my health care or coverage, either during the field school or afterwards.

I understand that there is a history of political violence in Somaliland but appreciate that the region has been stable recently and without significant incident. Furthermore, I realize that there are no guarantees against personal injury or death while part of the EPAF Field School.

With this understanding, and in consideration of my participation in the EPAF Field School, I completely accept and assume all responsibility for any and all risks of damage, sickness, or personal injury which may occur during, or resulting from my participation in the program, including, but not limited to those risks described above.

In signing this document I expressly release, discharge, and hold harmless the EPAF to the maximum extent permitted by law in any state, territory, district, or country.

I have read and understand the foregoing and sign it voluntarily. I am at least eighteen years of age, of sound mind and act of my own free will and without any coercion or duress in signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK.

NAME: _____

SIGNATURE: _____

DATE: _____