# ****Support to Efforts to Ensure Accountability for Victims of Russia’s Aggression against Ukraine****

**CALL FOR EXPERTS**

## APPLICATION FORM

Individual experts are eligible to apply, but we also welcome applications from teams/groups of experts. For applications submitted by a prospective team of experts, each team member must complete a separate individual application form and indicate therein the names of the other proposed team members. A description of how the team members will cooperate along with a proposed division of tasks must be included in the application form below.

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|  | **I. General Information** |  |

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| --- | --- |
| Name of the applicant (s) |  |
| Current Position |  |
| Affiliation(s) (if applicable) |  |
| E-mail address |  |
| Phone number |  |
| Address |  |
| Names and affiliations of the other proposed team members, if applicable |  |

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|  | **II. Detailed application** |  |

## EXPERIENCE

1. **Please provide a short description of your experience in the field, including experience in conducting open source research, documenting and analysing cases for determining the elements of international crimes, and any advocacy efforts in this regard;** (*Max. 500 words*)

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## IMPLEMENTATION

1. **Please describe the methodology of how you would plan and implement documenting the subjective element (intent) of crimes against humanity, war crimes, and crime of genocide committed, within the framework of this project** *(Max. 1000 words)*

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1. **Please describe the international advocacy efforts you would envision to undertake based on analysis produced within this project to end the impunity of perpetrators responsible for the committing of international crimes in Ukraine;** (*Max. 500 words*)

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1. **If you are applying as a team of experts, please describe your vision for cooperating with fellow team members and the proposed division of tasks amongst team members.** (*Max. 500 words*)

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## REFERENCES

1. **Please provide a list of the similar projects in which you have been involved.**

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| --- | --- | --- | --- | --- |
| Project title | Administering organization & contact information | Implementation period  (mm/yyyy – mm/yyyy) | Your role and Responsibilities | Any external evaluation or assessment of the project or your role (if available) |
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## PROPOSED RATE

1. **Please provide a proposed daily rate:**

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| --- | --- | --- |
| Description/Unit | Unit Cost local currency  (if applicable) | Unit Cost (EUR) |
| Daily Rate |  |  |

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|  | **III. Additional Information** |  |

Please feel free to include any materials, links, or supporting information in support of your application.

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|  | **IV. Applicant’s Declaration** |  |

## By signing this document, I declare that:

1. The information provided in the application is true and accurate.
2. I agree that the presented data can be shared with the participant selection committee of the Netherlands Helsinki Committee.
3. I am ready to provide additional information for the purpose of evaluating my application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Date: