**Criteria and Application Form**

**EPAF Forensic Anthropology and Human Rights: Uncovering Somaliland’s Troubled Past**

**Winter Term 2013**

The next Field School will run from February 4th through March 3rd 2013. The cost for each participant is US $4950 (US $165 per day). To ensure your place on the field school a **USD $500** non-refundable deposit is due by the application deadline, a second payment of **USD$ 2,425 by December 7th** and a final payment of **USD$ 2,425** should be completed by **January 5th 2013.** Please fill out the form and send it to: [fieldschool@epafperu.org](mailto:fieldschool@epafperu.org)

This application form is due no later than October 26, 2012.

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

* have a positive and enthusiastic approach to multi-disciplinary learning
* have an interest in a combination of: forensic anthropology, forensic archaeology, cultural and community development, human rights, indigenous rights, human development, power relations and gender*.*
* have some knowledge of the past and present issues of Somaliland and some general understanding of Africa in general
* be in good physical and emotional health
* be prepared for the frustrations and challenges of living and working in an environment devoid of the usual comforts and technological assets of home
* be committed to follow-up work in your community and/or region upon return home

Our intention is to organize a field school composed of people with differing qualifications, skills and experience. The application process must consist of both:

1. the competed of this application form
2. a meeting through Skype with organizers and facilitators of the field school
3. the signed WAIVER OF LIABILITY AND ASSUMPTION OF RISK

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).

**Personal Data**

1. Name (as it appears on passport):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 historic 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 that your regular routine (where, when)?

4. Describe the demanding situations that 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: that English fluency is a requirement 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?

1. **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?

1. **Health/Special Needs Information**

Specific health issues or requirements will not exclude you from the field school. However please make us aware of these so that we may better assess what special measures we might need to take in order to accommodate you. 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)?

Yes:\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_

1. **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.

1. **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 be under no obligation to do so.

1. **Scholarships**

Sources of scholarships for this field school may be available through your university, graduate programs, Department of Education, and other local and national grants. Often university students combine the field school as a special topics or independent study course with faculty members from their university. If you are interested in doing courses for credits with your university, you need involve the facilitators of the field school with your studies.

**NOTE:**

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

Please fill in and sign the information on the following page. You will have to print this last page for placing your signature. Once signed you can scan the page and attach it along with this document to be emailed to [fieldschool@epafperu.org](mailto:fieldschool@epafperu.org)

Thank you for your interest in the field school and send any questions you may have to the same email address.

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

For the Equipo Peruano de Antropologia Forense (EPAF)

and Field School, Somaliland

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 as 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_