



# AFRICAN UNION AGENDA 2063 AMBASSADORIAL ASSEMBLY

## APPLICATION FORM

### Personal Information:

Full Name:

Date of Birth:  Nationality:

Phone Number:  Gender:  Male  Female

Contact Address:

Email Address:

### Educational Background:

1. Highest Degree Obtained:

2. Field of Study:

3. Institution:

4. Year of Graduation

### Professional Experience:

1. Current Employer:

2. Position:

3. Years of Experience:



2. How do you plan to contribute to Agenda 2063? \_\_\_\_\_

\_\_\_\_\_

3. What are your short-term and long-term goals in relation to the AU Agenda 2063? \_\_\_\_\_

\_\_\_\_\_

4. Describe any specific projects or initiatives you have been involved in that align with the objectives of Agenda 2063. \_\_\_\_\_

\_\_\_\_\_

5. What unique skills or experiences do you bring to this role? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Ethical and Professional Standards:**

1. How do you handle ethical dilemmas in your professional work? \_\_\_\_\_

\_\_\_\_\_

2. Describe a situation where you had to work collaboratively with a diverse team to achieve a common goal. \_\_\_\_\_

\_\_\_\_\_

3. How do you ensure transparency and accountability in your professional dealings? \_\_\_\_\_

\_\_\_\_\_

**References:**

Please provide contact details for two professional references who can attest to your qualifications and character.

**Reference 1:**

**Reference 2:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature and Declaration:**

I, \_\_\_\_\_ (applicant's full name), declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may result in the disqualification of my application or termination of my membership if selected.

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

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