

## AFRICAN UNION AGENDA 2063 AMBASSADORIAL ASSEMBLY

## **APPLICATION FORM**

Personal Information:
Full Name:
Date of Birth: Nationality:
Phone Number:
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:

4. Key Responsibilities:		
5. Previous Relevant Positions:		
Background Information:  1. Have you ever been convicted of a crime?   Yes   No		
2. Have you ever taken any organization you have worked with to court?		
If yes, please provide details of what transpired:		
3. Have you ever been involved in any legal disputes, either as a plaintiff or defendant? $\square$ Yes $\square$ No		
If yes, please provide details:		
4. Are you currently or have you ever been involved in any political or advocacy groups? ☐ Yes ☐ No		
If yes, please provide details:		
5. Have you ever been dismissed or asked to resign from a position? ☐ <b>Yes</b> ☐ <b>No</b>		
If yes, please provide details:		
Motivation and Goals:		
1.Why do you want to become an AU Agenda 2063 Ambassador?		

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?		
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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:	
	(applicant's full name), declare that
knowledge. I understand that	plication is true and correct to the best of my any false information may result in the retermination of my membership if selected.
Signature:	Date: