**Nomination for candidates for CSO representative**

*Please complete this form in English and send it to* ***cso@unccd.int****by* ***7th January 2018***

 **INFORMATION OF THE CANDIDATE’S CSO**

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| --- |
| Name of the organization |
| Member CSO networks  |
| Country  |
| Present address |
| Name of the representative | Name of the contact person (if different) |
| Telephone number | E-mail address | Fax Number |

 **CANDIDATE INFORMATION**

|  |  |
| --- | --- |
| Name  | Surname |
| Present address |
| Telephone number(s) | E-mail address(es) | Gender *(Please select)*☐ Female☐ Male |

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| Explain the experience of the organization related to the UNCCD (max. 300 words). |
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| Describe the work plan how the candidate intends to carry out the responsibilities as panel member for the next two years (max. 300 words) |
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| Summary of the experience of the candidate of relevance to the UNCCD (max 300 words) |
|  |

**ADDITIONAL INFORMATION**

|  |  |  |
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|  | Knowledge of languages. What is your mother tongue? |       |
| OTHER LANGUAGES | READ | WRITE | SPEAK | UNDERSTAND |
|  | Easily | Not easily | Easily | Not easily | Fluently | Not fluently | Easily | Not easily |
| English |     |     |     |     |     |     |     |     |
| French |     |     |     |     |     |     |     |     |
| Spanish |     |     |     |     |     |     |     |     |