**FORMULAIRE PARTICIPANT**

***Information sur le cours (à compléter par le Responsable de la formation)***

**Titre de la formation:** Click here to enter text.

**Lieu :** Click here to enter text.**Dates:** Click here to enter a date. **/** Click here to enter a date.

**Responsable(s) de la formation :** Click here to enter text.

**Assistant/e de la formation:** Click here to enter text.

***Information sur le Participant (à compléter par le participant)***

**VEUILLEZ ECRIRE EN LETTRES MAJUSCULES**

Les domaines identifiés avec \* sont ***obligatoires***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coordonnées personnelles** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Nom de famille\*: | |  | |  | | |  | |  | | |  | |  | |  | | | |  | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | |  |
|  | Prénom(s)\*: | |  | |  | | |  | |  | | |  | |  | |  | | | |  | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | |  |
|  | Sexe\*: Homme | | | | |  | | | | | | Femme | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date de naissance\*: | |  | |  | | | / | | Jan | | | Fev | | Mar | | Avr | | | | Mai | | Juin | | Jui | | | Août | | | Sep | | Oct | | Nov | | | Dec | | / | | |  | |  | |  | |  |
|  | Nationalité\*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Téléphone portable (y compris code pays): +\_\_\_\_\_ / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Téléphone du bureau (y compris code pays/ville): +\_\_\_\_\_ / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Adresse postale professionnelle (y compris ville)\*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pays du travail \*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Adresse e-mail 1 : | | |  | | |  | |  | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |
|  | Adresse e-mail 2: | | |  | | |  | |  | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |
| **Vos langues** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Langue maternelle: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Autres langues que vous maîtrisez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Anglais  Français |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vos études** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Baccalauréat\* | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | |  | | | | |  | | | | | | | | |
|  | Licence/ Maîtrise /Diplôme Universitaire\* | | | | | | | | | | | | | | | | | Droit | | | | | | | |  | | | Autre | | | | | | |  | | | | |  | | | | | | | | |
|  | Master/DESS/DEA \* | | | | | | | | | | | | | | | | | Droit | | | | | | | |  | | | Autre | | | | | | |  | | | | |  | | | | | | | | |
|  | Doctorat\* | | | | | | | | | | | | | | | | | Droit | | | | | | | |  | | | Autre | | | | | | |  | | | | |  | | | | | | | | |

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| **Informations professionnelles** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Votre position-titre\*: | | | | | | | | | | | | | | | | | | | | | | | |
|  | Sélectionnez les secteurs juridiques dans lesquels vous intervenez ou qui vous intéressent (sélectionnez toutes les réponses pertinentes) : | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Commerce | | | | | | | |  | | | Réforme judiciaire | | | | | | | | | | | |
|  |  | Investissement | | | | | | | |  | | | Accès à la justice | | | | | | | | | | | |
|  |  | Microfinance | | | | | | | |  | | | Règlement alternatif des différends | | | | | | | | | | | |
|  |  | Propriété Intellectuelle | | | | | | | |  | | | Réforme financière du secteur public (Marchés publics) | | | | | | | | | | | |
|  |  | Environnement / Eau | | | | | | | |  | | | Anti-corruption | | | | | | | | | | | |
|  |  | Santé/SIDA | | | | | | | |  | | | Droits de l’Homme | | | | | | | | | | | |
|  |  | Foncier | | | | | | | |  | | | Genre | | | | | | | | | | | |
|  | Nom de l’**organisation/institution** où vous travaillez (pas d’acronyme)\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type d’organisation (cochez une seule case)\*: | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Gouvernemental* | | | | | | | | | | | | | | *Privé* | | | | | | | | | |
|  |  | Judiciaire | | | | | | | | | | | | |  | | Banque | | | | | | | |
|  |  | Ministère | | | | | | | | | | | | |  | | Cabinet Avocat | | | | | | | |
|  |  | Parquet (Ministère Public) | | | | | | | | | | | | |  | | Société | | | | | | | |
|  |  | Agence Gouvernementale | | | | | | | | | | | | |  | | Autre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | Parlement | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | Autre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | *Société Civile* | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | Organisation Non Gouvernementale | | | | | | | |
|  |  | *Université* | | | | | | | | | | | | |  | | Service d’assistance juridique | | | | | | | |
|  |  | *Organisation internationale* | | | | | | | | | | | | |  | | Autre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | Dimension de l’organisation (en effectif)\*: | | | | | | | | | | | | | | | | | | | | | | | |
|  | Moins de 10 | | | | |  | | 11-50 | | |  | | | 51-300 | | | | |  | Plus de 300 | | |  | |
|  | Appellation de votre **département** (si pertinent): | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Taille de votre département: | | | | | | | | | | | | | | | | | | | | | | | |
|  | N/A | |  | | Moins de 5 | | | | |  | | 5-10 | | | |  | | 11-20 | | |  | Plus de 20 | |  |
| **Avez-vous déjà participé à d’autres formations de l’IDLO/OIDD avant celle-ci?\*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Oui |  | | Non | | |  | |  | | | | | | | | | | | | | | | |