**Testimonies Collection Form *For An Individual***

BACKGROUND INFORMATION on THE TRIBUNAL

With the Berlin Hearing of the 45th session of the Permanent Peoples’ Tribunal, we want to raise awareness for Human Rights violations with impunity, particularly in the field of health. In order to do so, we are organising a civil society tribunal from the 23 rd to the 25 th of October 2020, where testimonies of survivors will be presented as well as an indictment, which will provide a political framework for future jurisdictions. Currently, we are looking for organisations, collectives and individuals willing to support the Tribunal and to make the “non-rights-zones” within the German and European border regime visible by assisting us in the collection of testimonies.

INFORMATION REGARDING THE TESTIMONY COLLECTION

**This Form should assist Individuals in the process of giving their own testimony of human rights violations in the field of health.** It is further possible to hand in a testimony that does not follow the structure of this Form. For example the testimony could be displayed in form of an audio or video file (MP4 format), a pdf-document with a text in interview form, a poem, via spoken art, a letter, etc. If you do not feel that the question match your experience or you would like to give us feedback on the Form, please contact us at ppt\_berlin@riseup.net. We truly appreciate your opinion!

The collected testimonies will partly be presented in front of the Tribunal’s jury, to link the individual’s experience with the structural discriminatory and unjust policies in Europe and Germany, and/or will be published on the Tribunal’s blog [**https://equalhealth4all.noblogs.org/**](https://equalhealth4all.noblogs.org/).

Please remember to sign the “Consent Form For Individuals”, to fill out the “Cover Sheet For an Individual” and the Document “Testimony of an Individuals that Has Experienced Human Rights Violations” or to create another way for sharing your testimony.

**Please try to hand in all the documents via email** **ppt\_berlin@riseup.net**

**CHECKLIST FOR COLLECTIVES THAT WANT TO GIVE A TESTIMONY**

* Signed the “Consent Form For Individuals”? [ ]
* Filled out the “Cover Sheet for An Individual” ? [ ]
* Filled out the Document “Testimony of An Individual who experienced Human Rights Violations” or found another way to display your testimony? [ ]
* Send the above documents either via e-mail or postal? [ ]

**If you have any questions, please contact via e-mail** **ppt\_berlin@riseup.net** **and/or have a look at the FAQ Section on the blog** [**https://equalhealth4all.noblogs.org/**](https://equalhealth4all.noblogs.org/)

**Cover Sheet for an Individual**

|  |
| --- |
| 1. “Consent Form For An Individual” Signed? (Individual)
 |
| [ ]  Yes [ ]  No |
| 1. Name & Contact Details (*if you would like to stay anonymous, please insert anonymous as your name and add your contact details*)
 |
|  |
| 1. Where (Geographically) Is the Data Collected?
 |
|  |
| 1. In Which Areas Have You Experienced Violations of Your Rights?

*Please* *Selective the Most Relevant* / *Applicable Categories – Max. 2* |
| [ ]  Access to Health Care[ ]  Consequences of Living Standards in Mass Accommodation on Mental And Physical Health[ ]  Residence Status, Deportation and Health[ ]  Criminalisation of Civil Humanitarian Assistance[ ]  Germany‘s Responsibility regarding European Border Policies[ ]  Other (*please specify*):  |
| 1. How Would You like Your Testimony to Be Used?
 |
| [ ]  I am Open to Testify in front of a Jury / During the Tribunal[ ]  I Would Like to Stay Anonymous [ ]  I agree to the Documentation and Publication of my Testimony on the Blog and Social Media[ ]  I agree to Publish complementary Forms of Testimony on the Blog and Social Media: Video File, Audio File, Written Interview (Pdf), Letter (Pdf) or Other |
| 1. Comments:
 |
|  |

**Testimony of an Individual who Experienced Human Rights Violations**

|  |
| --- |
| What Was Your Administrative Status During The Violation (e.g. Undocumented, Asylum Seeker, Temporary Suspension of Deportation / *Duldung*) |
|  |
| **Which Violations Have Taken Place***Please Describe Briefly the Context of Violations While Using The Following Categories:* [ ]  Access to Health Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Consequences of Living Standards in Mass Accommodation on Mental and Physical Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Residence Status, Deportation and Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Criminalisation of Civil Humanitarian Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Germany‘s Responsibility regarding European Border Policies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (*please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please Explain the Situation of the Violation/s you Experienced  |
|  |
| Place(s) Where It has Happened (Specify If this is Your Place of Origin, Displacement/Transit or Arrival) |
|  |
| When Did It Happen / Does It Happen |
|  |
| Who Was / Is Involved |
|  |
| Other Persons Or Collectives Affected by the violation |
|  |
| Please Describe Problems Generated By This Violation |
|  |
| Which Steps Have you Taken after the Violation?  |
|  |
| Have You Shared your Experience before?  |
| [ ]  Yes [ ]  No |
| If **Not**, What Has Hindered you to Make a Claim and Voice your Experience? (e.g. Bureaucratic or other Structural Obstacles) |
|  |
| If **Yes**, Have Groups/Organizations Supported you? And if so Which Ones?  |
|  |
| What is your Motivation for Sharing the Testimony? |
|  |
| Further Comments |
|  |

**Consent Form for Individuals**

The Tribunal is committed to providing you with the best possible support and the best possible protection for your data. In general, **nothing will be published against your will**; the publication and presentation of the information you provided will only be done if you agreed to them; and at any time you can exercise your right of withdrawal\*. Further all information provided will only be used and published within the framework of the Tribunal.

With my signature I <*Your Name*> declare my agreement with the following use of my provided information:

[ ]  Publication and use of the testimony on all current and future social media platforms of the Tribunal

[ ]  Publication and use of the testimony on the Blog equalhealth4all.noblogs.org

[ ]  Presentation of the testimony in front of the jury/ during the tribunal

[ ]  I would like all my information to be published and presented anonymously and if possibly under a pseudonym

**\*Right of withdrawal**

You have the right to revoke this consent at any time without giving reasons and with effect for the future. To do so, please send an e-mail to ppt\_berlin@riseup.net

Please note: The legality of the processing of the information that has taken place on the basis of the consent until the revocation is not affected by your revocation.

Date and Place:

Signature of the Individual

Please do not hesitate to contact us via ppt\_berlin@riseup.net if you have any further questions. We will be happy to assist you