**Testimonies Collection Form *For Collectives/Organisations that Collect a Testimony of 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 23rd to the 25th 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 organisations and/or collectives in the process of collecting an individual's 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](mailto: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 organisations/collectives collecting an individual’s testimony”, to fill out the “Cover Sheet for l” 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**](mailto:ppt_berlin@riseup.net)

**CHECKLIST FOR COLLECTIVES/ORGANISATIONS THAT COLLECT A TESTIMONY**

* Signed the “Consent Form for Organisations/Collectives” & “Consent Form for the witness interviewed by an organisation or collective”?
* Filled out the “Cover Sheet for an Organisation and/or Collective that Collects an Individual’s Testimony”?
* Filled out the Document “Testimony of an Individual who Experienced Human Rights Violations, Collected by an Organisation and/or Collective” or found another way to display the individual’s testimony?
* Send the above documents either via e-mail [ppt\_berlin@riseup.net](mailto:ppt_berlin@riseup.net)

**If you have any questions, please contact us via e-mail** [**ppt\_berlin@riseup.net**](mailto: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 Organisation and/or Collective that Collects an Individual’s Testimony**

|  |
| --- |
| 1. “Consent Form for Organisations/Collectives” Signed? |
| Yes  No |
| 1. Name & Contact Details (*if you would like to stay anonymous, please insert anonymous as your name and 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 the Witness Like his\*her Testimony to Be Used? |
| Witness is Open to Testify in front of a Jury / During the Tribunal  Witness Would Like to Stay Anonymous   Documentation and Publication of Testimony on the Blog and Social Media  Other Form of Testimony for Publication 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, Collected by an Organisation and/or Collective**

|  |
| --- |
| Name of the Witness  *If witness prefers to remain anonymous please insert ‘anonymous’* |
|  |
| Administrative Status in Europe and/or Germany of the Witness 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 Violation Experienced by the Witness |
|  |
| Place(s) Where It Has Happened (Specify If this Place is in the Origin, the Displacement/Transit or at the Arrival of Migration / Flight) |
|  |
| When Did It Happen / Does It Happen |
|  |
| Who Was / Is Involved |
|  |
| Persons or Collectives Affected by the violation |
|  |
| Please Describe Problems Generated by this Violation |
|  |
| Which Steps Has the Witness or the Supporting Collective/Organisation Taken After the Violation? |
|  |
| Has the Witness Shared his\*her Experience before? |
| Yes  No |
| If **Not,** What Has Hindered the Witness to Make a Claim and Voice his\*her Experience? (e.g. Bureaucratic or other Structural Obstacles) |
|  |
| If **Yes**, Have Groups/Organizations Supported the Witness? And if so Which Ones? |
|  |
| What is the Witness’ Motivation for Sharing his\*her Testimony? |
|  |
| Further Comments |
|  |

**Consent Form for Organisations/Collectives**

The interviewer <*name of the interviewer and of the organisation/collective*> is obliged to comply with the following standards on the consent form for organisations/collectives.

∙ The interview was conducted in a place that allows privacy and confidentiality.   
∙ The witness was comprehensively informed about the use and publication of his/ her testimony and has explicitly agreed to the publication and use of its testimony on all current and upcoming tribunal’s social media platforms, on the blog equalhealth4all.noblogs.org and to the presentation of her\*his testimony in front of the tribunal’s jury. the witness was informed about the option of publishing his\*her testimony anonymously under a pseudonym (change of name, possibly also change of the country of origin).   
∙ The witness had the opportunity to ask questions.   
∙ Questions that may offend or embarrass the witness or questions that may revive traumatic events have been avoided.   
∙ The pace of the witness was respected and no pressure was applied. if the witness expressed his desire to stop, this request was followed and the interview stopped.

∙ The witness was able to fully understand the questions asked during the interview process, and if not the interpreter provided accurate translation assistance.

Date and Place:

Signature Witness

Signature Interviewer from a Collective/Organisation

Signature Interpreter (If present)

Consent Form for the witness interviewed by an organisation or collective

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](mailto: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](mailto:ppt_berlin@riseup.net) if you have any further questions. We will be happy to assist you.