Signatory application form

European Charter for Equality of Women and Men in Local Life

Fields marked * are required. Please complete the form in capital letters or type it, then send it to CEMR by post.

PUBLIC: visible to anyone on the website · PRIVATE: visible only to signed-in signatories.

1 General information

Name of the local authority * PUBLIC

Type of the local authority * PUBLIC

- ☐ Departement/province
- ☐ Region
- ☐ Town/municipality

Number of inhabitants * PUBLIC

- ☐ < 1.000
- ☐ 1.000 – 5.000
- ☐ 5.000 – 20.000
- ☐ 20.000 – 100.000
- ☐ 100.000 – 500.000
- ☐ > 500.000

Website of the local authority * PUBLIC

Web page on gender equality policies PUBLIC

2 Contact person in your local/regional authority

Job title PRIVATE

Name PRIVATE

Surname PRIVATE

Email PRIVATE

3 Geographic information

Country * PUBLIC

Address * (street, number, postcode, town) PUBLIC

4 Information on the Charter and the actions launched

Date of signature of the Charter * PUBLIC

dd / mm / yyyy

Do you have an equality action plan? * PUBLIC

☐ Yes ☐ No

If yes, please attach the action plan to this form (.doc, .pdf).

Is/are the implemented action plan(s) related to the signature of the Charter? PUBLIC

☐ Yes ☐ No

Time period covered by the action plan PUBLIC

From

dd / mm / yyyy

To

dd / mm / yyyy

Indicate whether this is a first action plan PUBLIC

☐ Yes ☐ No

Indicate the main articles covered by your action plan PUBLIC

Indicate methods applied and/or activities undertaken PUBLIC
Tick all that apply, or write them below.

Activities undertaken

☐ Conference/seminar on equality related topics
☐ Consultation of experts
☐ Gender Equality training for staff/managers/elected representatives
☐ Promotion of the Charter
☐ Setting up of sectorial action plans
☐ Work with NGOs
☐ Other activities

Gender mainstreaming methods

☐ Gender analysis/ Gender assessment
☐ Gender budgeting
☐ Gender statistics
☐ Other gender mainstreaming method

5 Additional information

Title PRIVATE

If you wish to add documents, attach them to this form and list them above.