



African Prisons Project

Dignity and hope for people in prison, through health, education, justice and reintegration

APP Vision

Our vision is that prisons in Africa are places of positive transformation and that entering prison does not mean losing hope.

APP envisions a society where the humanity and inherent dignity of every person in captivity in Africa will be realised. APP struggles to ensure entering prison in Africa does not mean losing hope, but that it offers a new beginning, empowerment and rehabilitation for the offender, the victim and the community. Prison offers the hope of another chance, acceptance back into the community and the skills to support oneself and one's family. APP believes that punishment lies in the deprivation of liberty and that the regime inside prisons should be about rebuilding lives.

We strive for prison services in Africa to recognise and embrace an approach based on restorative justice, human rights and rehabilitation as a credible, viable and important alternative. We believe this will result in less torture, reduced crime rates and safer societies.

APP Mission

To provide dignity and hope for men, women and children in African prisons, from birth to death, through health, education, justice and reintegration.

We are an equal opportunities employer and we do not discriminate on any basis.

Research Application Form

Please note that it might require at least 3 months to process the application to receive clearance and approval by the local authorities!

Research area:

Research Title:

Research Leading / Head name:

Main contacts details:

Telephone	Telephone	E-Mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Research Period and duration:

Plan to start on:	<input type="text"/>	Expected date to finish:	<input type="text"/>
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Please note that all dates are subject to the approval of the local authorities.

Expected date of submission preliminary report	<input type="text"/>
Expected date of submission final report	<input type="text"/>

Sending the application materials:

You may e-mail the completed Application Form, together with the required application materials to: research@africanprisons.org

You may also print the Application Form, fill it in by hand, and send it, together with all the required application materials, by postal mail to:

**African Prisons Project
97 Beverley Way, West Wimbledon
London SW20 0AW. United Kingdom**

For Ugandan applicants use only:

**P.O.Box 50046
Luzira
Kampala
Uganda**

For APP administration use:

Received:

Send to Prison HQ

Approved:

Rejected:

Reason:

Disclaimer

By submitting this application form I hereby declare that I understand and accept the following :

Please tick each box to verify

- You are required to have a general understanding of criminal justice issues and particularly the issues associated with working in a prison environment.
- You are required to be aware of and to consider the risks that come with working in a prison environment.
- I am obliged to respect the prison staff and prisoners at all times.
- You are required to take responsibility for and indemnify APP from responsibility for personal injury or death.
- I am aware that no employer/employee relationship exists between me (and any other member of this research) and APP, nor that of volunteer/voluntary employer.
- You must demonstrate an understanding of relevant international regulations in relation to conducting research with prisoners and prison staff and furthermore you are obliged to ensure that any and all research you conduct should comply with these regulations.
- I am aware that APP has no responsibility for me during the research period in the country.
- I declare that I have a valid health and all - risk personal insurance policy for the full duration of the research and will provide evidence that I have a valid and comprehensive health and personal risk insurance to cover the duration of the research.
- Please be aware that you must present the above policy to our administrator before starting the research project.
- I will take responsibility for all costs related to the research, whether they will be covered by me personally or a sponsor organisation.
- I am aware that APP will not carry any costs in regard to this research.
- I am aware that all aspects of the research must be approved by the prison service and any other relevant authority, in advance of commencing the research, and for this I will provide any information, personal / institutional, required by the prison service in order to approve this research.
- I am aware that APP has no responsibility for this provided information of any kind and I am aware that the prison service can make use of this information as needed.
- I am aware that APP takes no responsibility for meeting any immigration requirements, these lie solely with the individual/s concerned.

Disclaimer (Con't)

- I am aware that it is within the rights of prison service to stop the research at any time and for any reason and APP has no authority to be involved.
- I understand and accept APP's code of ethics.
- You must adhere to APP's dress code.
- You are obliged to submit the results of your research as a draft before publication, to APP and the prison service for their comments within a short time of the research finishing. APP and prison service are allowed to ask you to make changes if they find that the report can cause harm to the prison service, prison staff and / or can harm the prisoners' rights or staff rights and you will be required to make these changes before the final report will be published, and at most after a period of no more than three months.
- I am aware that I do not have any rights to the copyright of this research and I will not be asked for permission before the research is used by any party.
- I am aware I am obliged to maintain the country laws.
- I am aware that APP is not a political organization and I am obliged not to be involved in any political activity of any kind in the country at any time while I am conducting this research.
- I am obliged not to write in any local newspaper or to be interviewed by any local media unless I have received a written approval of APP Director General, and I am obliged to inform APP Director General of any request for such interview by any media immediately.

Date: _____

Applicant Signature: _____

Applicant Name: _____

Applicant Position: _____



Research Application Form

Please
tick ✓

By submitting this application form I declare that I fully understand and accept the above- mentioned basic guidelines, instructions and regulations, and am obliged to follow them and to maintain the country laws and I am obliged to take full responsibility for all other staff members that are working with me in this research.

1. Research Details

1.1 Research area:

1.2 Research Title:

1.3 Research main thesis / work assumption/ question (s)

1.4 Research goals:

1.5 Research main questions:

1.6 Research Leading / Head

1.6.1 Name

1.6.2 Title (position)

1.6.3 Main contacts details:

Telephone	Telephone	E-Mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.7 Research Period and duration:

Plan to start:

Expected date to finish:

Please note that all dates are subject to the approval of the local authorities.

Expected date of submission, preliminary report

Expected date of submission, final report

1.8 Research status: Private Institutional / Academic / Government / NGO / Organizational (Please provide details)

Name	<input type="text"/>		
Main activity	<input type="text"/>		
Person in charge	<input type="text"/>		
Name	<input type="text"/>		
Title	<input type="text"/>		
Position	<input type="text"/>		
Contacts details:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Telephone</i>	<i>Telephone</i>	<i>E-Mail address</i>

Additional information:**1.9 Research methods**

Please indicate how you are going to conduct the research in terms of prisons, interviewees, prisoners, prison staff, APP staff, special facilities required and any special equipment, if needed.

Please be aware that this must all be detailed and recorded in the application as it must be included in the permission letter that will be issued to the relevant prisons to allow you to conduct the research if approved. It will be very difficult, if at all, to add it later after the letter of permission is issued.

1.9.1 How do you intend to conduct the research?**1.9.2 What kind of written documents do you need?**

Please be aware that it is not always possible to get these documents.

1.9.3 What type of prisons do you wish to visit?

(Male, Female, Condemned, Remand Juvenile, etc.)

1.9.4 How many of each type?**1.9.5 What kind of activities do you want to attend, visit, observe?****1.9.6 Do you intend to interview people?**

If yes-

1.9.6.1 - What method will you use to interview?

1.9.6.2 - How many prisoners? Staff?

1.9.6.3 - Any specification (age, offence, education, status, sentence, staff rank, staff position etc.)?

1.9.6.4 - Do you intend to use any written form of questionnaire? If yes please attach it to this application form.

1.9.7 Any other information which you think is relevant to this application and can assist with the approval process.

1.9.8 What do you think you can achieve from this research?

1.9.9 How do you think APP and the Prisons Service of the country can benefit from this research?

1.9.10 Research tentative timeline and stages

Stage	Name / Main Activity	Start on	End on	Comments
1				
2				
3				
4				
5				

1.10 Research costs

What do you expect the costs of this research will be? Please provide detailed estimation

Please be aware that APP, as a part of processing this application, is allowed to ask you for further clarifications as needed.

Item	For how many people	Total (Please indicate currency)	Comments
Travel to country			
Inland travel			
Health and risk insurance			
Accommodation			
Food and personal costs			
Research administration costs			
Other			
Other			
Total			

Who will cover the research costs and how?

Private- I personally will cover all expenses as detailed above

Institution / Organization / NGO / Government

Name				
Person in charge	Name			
	Title / Position			
	Contact			
		Telephone	Mobile	e- mail address

2. Researchers' personal details

Please complete this application by typing or printing in ink.

Please be aware that this data you are required to provide will be used for this application process and will be transferred to the prison service of the country in order to issue a permission letter for this research.

2.1 Research Head /Leader

Please attach your CV

Name:
Title Given Middle Last

D.O.B Place of Birth
Country City

Nationality

Main	Second	Third	Passport N ^o <i>The one you will use for this travel</i>

Family Status: Study status:

Contact details :

Address: (H)

No & Street
City
Postal Code
Country

(O)

No & Street
City
Postal Code
Country

Tel:	(O)			(H)	
	(M)			(M)	

Fax: E-Mail address : Skype

Health status

I am usually healthy and do not suffer from any chronic diseases

I do have chronic disease(s):

Please provide general details and state if you have special needs.

Please be aware that if you take special medication, it is your own responsibility to supply this medication; neither APP nor the prison service can provide you with this medication

Do you have international health insurance?

Please be aware that international health insurance and international vaccinations are pre-conditions for this research

No, but I will buy myself international health insurance on my expenses

Yes My health insurance is valid till and covers the followings:

2.2 Research Team member N° 1

Please attach your CV

Position in this research

Name:
Title Given Middle Last

D.O.B Place of Birth
Country City

Nationality
Main Second Third **Passport N°**
The one you will use for this travel

Family Status: Study status

Contact details :

Address: (H)
No & Street City Postal Code Country
 (O)
No & Street City Postal Code Country

Tel: (O) (H)
 (M) (M)

Fax: E-Mail address : Skype

Health status

I am usually healthy and do not suffer from any chronic diseases

I do have chronic disease(s):

Please provide general details and state if you have special needs.

Please be aware that if you take special medication, it is your own responsibility to supply this medication; neither APP nor the prison service can provide you with this medication

Do you have international health insurance?

Please be aware that international health insurance and international vaccinations are pre-conditions for this research

No, but I will buy myself international health insurance on my expenses

Yes My health insurance is valid till and covers the followings:

2.3 Research Team member N° 2

Please attach your CV

Position in this research

Name:
Title Given Middle Last

D.O.B **Place of Birth**
Country City

Nationality
Main Second Third **Passport N°**
The one you will use for this travel

Family Status: **Study status**

Contact details :

Address: (H)
No & Street City Postal Code Country
 (O)
No & Street City Postal Code Country

Tel: (O) (H)
 (M) (M)

Fax: **E-Mail address :** **Skype**

Health status

I am usually healthy and do not suffer from any chronic diseases

I do have chronic disease(s):

Please provide general details and state if you have special needs.

Please be aware that if you take special medication, it is your own responsibility to supply this medication; neither APP nor the prison service can provide you with this medication

Do you have international health insurance?

Please be aware that international health insurance and international vaccinations are pre-conditions for this research

No, but I will buy myself international health insurance on my expenses

Yes My health insurance is valid till and covers the followings:

2.4 Research Team member N° 3

Please attach your CV

Position in this research

Name:
Title Given Middle Last

D.O.B Place of Birth
Country City

Nationality
Main Second Third

Passport N°
 The one you will use for this travel

Family Status: Study status

Contact details :

Address: (H)
No & Street City Postal Code Country

(O)
No & Street City Postal Code Country

Tel:

(O)	<input type="text"/>	(H)	<input type="text"/>
(M)	<input type="text"/>	(M)	<input type="text"/>

Fax: E-Mail address : Skype

Health status

I am usually healthy and do not suffer from any chronic diseases

I do have chronic disease(s):

Please provide general details and state if you have special needs.

Please be aware that if you take special medication, it is your own responsibility to supply this medication; neither APP nor the prison service can provide you with this medication

Do you have international health insurance?

Please be aware that international health insurance and international vaccinations are pre-conditions for this research

No, but I will buy myself international health insurance on my expenses

Yes My health insurance is valid till and covers the following:

3. Logistic arrangements

3.1 Flight to the country

We strongly recommend that you neither make final booking nor pay for your flight until you receive a valid confirmation both for the research and the timetable.

Tentatively I / we plan to arrive to on :
Day Date Year

By : From : At:
Air line City / country Approx. time

3.2 Airport – City transportation

Please tick ✓

No, I / we do not need an airport transportation

Yes, I / we will appreciate if APP will arrange our airport transportation and we will receive the quotation of transport costs before our arrival.

3.3 Inland transportation

Please tick ✓

No, we will use public transportation on daily needs basis.

Yes, I / we would appreciate if APP will arrange me / us a special hire for days
Please let us know the fee for this arrangement.

Please be aware that the cost of special hire is a combination of petrol prices and the driver's demands.

3.4 Accommodation

Please tick ✓

I / we will be responsible for my / our accommodation and, with thanks, do not need APP to arrange any accommodation for me / us.

Yes, I / we will appreciate if APP can arrange / provide me / us accommodation with one of the following options:

In Hotel
(if you know the name , please kindly provide)

Guest house
(if you know the name , please kindly provide)

Number of rooms: Single
 Double
 Triple

Comments:

In APP accommodation facilities, that include breakfast, cleaning, laundry, Internet, the rate is £30 per person per night.

Please be informed that APP can't guarantee availability of accommodation or single room, also APP is entitled to change the prices without advanced notice so this option should be agreed between you and APP prior to your arrival

For APP office use only

To be attached to the application form at front

1. Application received on :

Please stamp it with APP Received stamp

2. Application form is:

Full: all questions have been answered and CVs attached.

Information / Data is missing as follows: (Please indicate what is missing)

1		A request for completion has been sent on: _____
2		A request for completion has been sent on: _____
3		A request for completion has been sent on: _____
4		A request for completion has been sent on: _____
5		A request for completion has been sent on: _____

3. Completions receive on : The application is full

4. Application process

Date	Handled by	Action taken

5. Prison Service approval

On The application Approved and a permission letter received Rejected

On APP informed the applicant by :

Comments: