**ELECCIONES PARA LA CONFORMACIÓN DE LOS CONSEJOS CONSULTIVOS DE DERECHOS**

**2025 - 2027**

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| **1. ADMINISTRACIÓN ZONAL EN LA QUE POSTULA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **1** | **Calderón** | | |  |  |  |  |  |  |  |  |  |  | **6** | **La Mariscal** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **2** | **Chocó Andino** | | |  |  |  |  |  |  |  |  |  |  | **7** | **Los Chillos** | | | | | | | | | | | | | | | | | | | | |  |
|  | **3** | **Eloy Alfaro** | | | | | | | | | | |  |  | **8** | **Manuela Sáenz** | | | | | | | | | | | | | | | | | | | | |  | |
|  | **4** | **Eugenio Espejo** | | |  |  |  |  |  |  |  |  |  |  | **9** | **Quitumbe** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **5** | **La Delicia** | | |  |  |  |  |  |  |  |  |  |  | **10** | **Tumbaco** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **2. GRUPO DE ATENCIÓN PRIORITARIA AL QUE POSTULA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **1** | **Niñas, niños y adolescentes** | | | | | | | | | | |  |  | **6** | **Personas con Discapacidad** | | | | | | | | | | | | | | | | | | | | |  | |
|  | **2** | **Jóvenes** | | | | | | | | | | |  |  | **7** | **Personas en situación de movilidad humana** | | | | | | | | | | | | | | | | | | | | |  |
|  | **3** | **Personas Adultas Mayores** | | | | | | | | | | |  |  | **8** | **Pueblos y Nacionalidades indígenas** | | | | | | | | | | | | | | | | | | | | |  | |
|  | **4** | **Mujeres** | | |  |  |  |  |  |  |  |  |  |  | **9** | **Pueblos afrodescendientes y montubios** | | | | | | | | | | | | | | | | | | | | |  |
|  | **5** | **Personas de Diversidades Sexo Genéricas** | | | | | | | | | | |  |  | **10** | **Defensoras/es de Naturaleza y Animales** | | | | | | | | | | | | | | | | | | | | |  | |
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| **3.- DATOS PERSONALES** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **Apellidos y nombres legales:** | | | | | | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **2** | **Apellidos y nombres sociales:** | | | | | | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **3** | **Fecha de nacimiento:** | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **4** | **Edad** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **5** | **Ciudad de nacimiento** | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **6** | **País** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **7** | **N. de cédula o documento de identidad:** | | | | | | | | | | | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
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| **4. Dirección Domiciliaria:** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **Parroquia/sector/barrio:** | | | | | | | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **N. Teléfono:** | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **N. Teléfono opcional:** | | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **Correo electrónico:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **Correo electrónico opcional:** | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **5. Género:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **Femenino** | | |  |  |  |  |  | **2** | **Masculino** | | | | |  |  | |  | | **3** | | **No binario** | | | | | | | | | |  | |  | |  |
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| **6. Autoidentificación étnica:** | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **Indígena** | | |  |  |  |  |  |  |  |  |  |  | **5** | **Montubio/a** | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **2** | **Afroecuatoriano/a** | | | | | | | | | | |  |  | **6** | **Mestizo** | | | | | | | | | | | | | | | | | | | | |  |
|  | **3** | **Negro/a** | | |  |  |  |  |  |  |  |  |  |  | **7** | **Blanco** | | | | | | | | | | | | | | | | | | | | |  |
|  | **4** | **Mulato/a** | | |  |  |  |  |  |  |  |  |  |  | **8** | **Otro, ¿cuál?** | | | | | | | | | | | | | | | | | | | | |  |
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| **7.** | **¿Pertenece a algún pueblo o nacionalidad?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **¿A Cuál pueblo o nacionalidad pertenece?** | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. Persona con discapacidad** | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **SI** | | | | |  |  |  | **2** | **NO** | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **9. Tiene carnet de discapacidad** | | | | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **SI** |  |  |  |  |  |  |  | **2** | **NO** | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **10. Tipo de discapacidad** | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **Auditiva** | | |  |  |  |  |  |  |  |  |  |  | **5** | **Lenguaje** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **2** | **Visual** | |  |  |  |  |  |  |  |  |  |  |  | **6** | **Intelectual** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **3** | **Física** | |  |  |  |  |  |  |  |  |  |  |  | **7** | **Psicosocial** | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| **11. Movilidad Humana** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | **1** | **Personas ecuatorianas en movilidad humana** | | | | | | | | | | | | | | Emigrantes | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Personas retornadas | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **2** | **Personas extranjeras en Ecuador** | | | | | | | | | | | | | | Inmigrantes | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Visitante temporal | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **3** | **Personas extranjeras sujetas a protección internacional** | | | | | | | | | | | | | | Solicitante de protección internacional | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Persona en condición de refugio | | | | | | | | | | | | | | | | | | | | |  | | |
|  | **4** | **Persona víctima de trata de personas y/o tráfico ilícito de migrantes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **12. Firma de responsabilidad**  **Autorizo el uso y tratamiento de mis datos personales acorde a la Ley Orgánica de Protección de Datos Personales de la República del Ecuador** | | | | | | | | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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|  | Firma | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | Nombre | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
|  | Cédula o documento de identidad | | | | | | | | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |