**APPLICATION FORM**



Please complete this form in English. The information in this form will help the project team to understand more about your training needs and expectations.

**PERSONAL DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and current address of the participant** | | | | | | | | | | | | | |
| Family name | | |  | | | | | First name | | |  | | |
| Address | | |  | | | | | | | | | | |
| Postcode | | |  | | | | | City | | |  | | |
| Region | | |  | | | | | Country | | |  | | |
| Telephone | | |  | | | | | Email | | |  | | |
|  | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | Gender | | | female | | male |
| Nationality | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | |
| **Special needs** | | | | | | | | | | | | | |
| *Do you have any special needs (dietary needs, mobility problems, health care, etc.)?* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Emergency contact** | | | | | | | | | | | | | |
| *Please provide contact details of a person who can be contacted in case of an emergency.* | | | | | | | | | | | | | |
| Language Abilities (Spoken) | | | | | | | | | | | | | |
| 1. English | | | | poor | | good | | | very good | | | excellent | |
| TRAVEL INFO  Your estimated arrival | | | | | | | | | | | | | |
| Date (Day/Month) | | | |  | | | | | | | | | |
| Time (italian time) | | | |  | | | | | | | | | |
| From (City/Country) | | | |  | | | | | | | | | |
| To (Italian Airport you will fly to) | | | |  | | | | | | | | | |
| Your estimated departure | | | | | | | | | | | | | |
| Date (Day/Month) | | | |  | | | | | | | | | |
| Time (italian time) | | | |  | | | | | | | | | |
| From (Italian Airport you will fly from) | | | |  | | | | | | | | | |
| TOTAL PRICE of your trip: €. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Very important!) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Details of the organisation | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | |
| Street address |  | | | | | | | | | | | | |
| Postcode |  | | | | | City/country | | |  | | | | |
| Region |  | | | | |  | | | | | | | |
| Email |  | | | | | Website | | |  | | | | |
| Telephone |  | | | | | | | | | | | | |
| What is your role in the organisation? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**EXPERIENCE AND MOTIVATION**

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| --- |
| Previous experience |
| Please describe your experience connected to the topic, concentrating especially to the issues related to gender and their impact in youth work. |
|  |

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| --- |
| Motivation |
| Why would you like to participate in this course? |
|  |

|  |
| --- |
| Comments |
| Do you have any other comments as far as the Training Course is concerned? |
|  |

**Each partner organization must send the 5 completed application forms by one mail to youngleaders@soseuropa.it before 5 th September**