**APPLICATION FORM**

**„Youth for youth”**

**23-30 November - Krakow , Poland**

THE APPLICATION FORM MUST BE FULFILLED PERSONALY BY THE POTENTIAL PARTICIPANT

|  |  |
| --- | --- |
| **Country od residence** |  |
| **Name and Surname** |  |
| **Date of Birth** |  |
| **Phone number**  **(please include the country code)** |  |
| **E-mail** |  |
| **Post address** |  |
| **Facebook link(in order to add you to our FB group)** |  |
| **1. What kind of youth projects you are working in/worked with?** |  |
| **2. What is your motivation to participate in this training course?** |  |
| **3.What is Your role in sending organization ?** |  |
| **How would you describe Your knowledge of Erasmus + program ?** |  |
| **4. Would you like to present anything from your own experience during the training course?** |  |
| **Special requirement regarding food, dietary need, vegetarian:** |  |
| **Do You have any health issues/allergies**  **?** |  |
| **Did you read the info-pack and do you agree with all conditions in the info-pack?** |  |
| Emergency contact person (family/friend). |  |

**PLEASE SEND YOUR APPLICATION FORM TO: boci\_s@yahoo.com by 26th October 2018**