**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**

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| --- |
| **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 INFOYour 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**