Application form for the training course

**Create the Change!**

**– from personal to social –**

Miercurea Ciuc, Romania

16-24 September 2016

**Project no: 2015-3-RO01-KA105-023040**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ABOUT YOU** | | | | |
| **First name:** | |  | | |
| **Last name:** | |  | | |
| **Gender:** | |  | | |
| **Please mark if you face the following situations:**  \*: This information will be handled confidentiality, it’s necessary because of the project setting.  Thank you! | | Social obstacles  e.g. broken family | Economic obstacles (unemployment) | Disability  physical disability |
| Educational difficulties  e.g. learning difficulties, school dropout | Cultural differences  e.g. part of minority | Health problems |
| Geographical obstacles (live in rural place) | Other – please specify: | |
| **Date and place of birth:** | |  | | |
| **ID card number:** | |  | | |
| **Mother’s full name:** | |  | | |
| **Your Address** | **street and number:** |  | | |
| **city:** |  | | |
| **region:** |  | | |
| **postcode:** |  | | |
| **Phone number:** | |  | | |
| **E-mail:** | |  | | |
| **Occupation or profession:** | |  | | |
| **Do you have any special diets, allergies? (e.g.: vegetarian, vegan, pollen allergy etc.)** | |  | | |
| **What is your present health condition? Detail health problems and their present state. Specify and describe any medication you take or have taken within the last 6 months.** | |  | | |
| **Contact person in case of emergency**  **Full name:**  **Address:**  **Phone numbers:**  **Relationship to you:** | |  | | |
| **Level of English:** | | bad  medium  good  excellent | | |
| **I apply to be** | | participant  team member | | |
| **Personal** | | | | |
| **How did you find out about this training and what was the reason you decided to apply?**  (min. 50 words) | |  | | |
| **What do you want to get out of this training to develop your personality? In which areas of your life do you want to use it?**  (min. 50 words) | |  | | |
| **Describe shortly a few situations from your personal life when you feel something is stopping you! How do you usually cope in these situations or how you don’t?**  (min. 100 words) | |  | | |
| **Professional** | | | | |
| **What is your own definition of social entrepreneurship and how are you connected to this topic?**  (min. 50 words) | |  | | |
| **Are you working on an entrepreneurial idea right now? If yes, please elaborate** (how long, phase, what is the idea, who is the team, what are the challenges, etc.) | |  | | |
| **What do you want to learn in this training about social entrepreneurship? Be as concrete as possible!**  (min. 50 words) | |  | | |
| **How can you contribute to the success of this training?** (to your own learning and to the learning of the others)  (min. 50 words) | |  | | |
| **How do you plan to implement the outcomes of this training in your work?**  (min. 50 words) | |  | | |
| I, *(your first name and last name)* sending this application form I confirm that if I am selected I will participate for the entire duration of the training course **Create the Change!** in **Miercurea Ciuc, Romania**in the period**16-24 September 2016**. I agree to pay 30 € participation contribution on the arrival day. I am informed that the training course is financed by the Erasmus+ program and that my travel costs will be reimbursed as described in the Info Letter after I return to my home country. In order to get my travel cost reimbursed I will provide all the original tickets and invoices to the organizers: Eleven Art Association. In case I need to cancel my participation I will contact my sending organisation **and** Eleven Art Association with minimum 10 days before the program starts. | | | | |

Date and place

**Send this application to the following e-mail address:** [**eleven.art11@yahoo.com**](mailto:eleven.art11@yahoo.com)

**latest by 1st of August 2016.**

**We will inform you by email about the result of the selection by the 10th of August.**