**APPLICATION FORM**



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| --- | --- |
| Name(-s) |  |
| Surname |  |
| Date of birth |  |
| Gender |  |
| Mobile phone(with international code) |  |
| E-mail |  |
| Home address |  |
| Facebook name |  |
| Citizenship |  |

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| Background and experience |
| **Please describe your involvement in youth work (national and international level).** |
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| **Do you have any experience of participating in projects in the framework of the Erasmus+ Youth in Action Programme? If so, mention activities from 2014-2016 where you were involved.** |
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| **Do you already have experience facilitating/leading non-formal learning activities for young people? If so, please describe it.** |
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| **What is your motivation to join this training? Mention** 3 main reasons why you want to participate. |
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| Please mention topics/themes that you are especially looking forward to discover during this training. |
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| On what topics do you feel comfortable sharing your experience? |
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Please, upload a photo that will somehow express your motivation to take part in the training. ☺

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| --- | --- |
| Please indicate the name and full contact details of a person to be contacted in case of emergency during the training course: |  |
| Name |  |
| Who they are to you |  |
| Address and country |  |
| Phone (with int. code) |  |
| E-mail |  |

Please let us know if you require any special arrangements or if there are things we need to be aware of (vegetarian, allergies, impediments… ☺ )

CONDITIONS: Please take note of the following conditions that will apply as you send this application form and will take part in the training course:

1. I have read carefully the practical information regarding the training course and I am aware about the conditions of participation in the training course.
2. I commit myself to participate in the whole process, including:
* to prepare myself carefully for the training course and to do all remote preparation work the team will ask for (for example, “ homework”),
* to take part in the full duration of the training course

(In case you are not able to attend some session due to health reasons, please immediately inform about that the organizers. In case of skipping parts of the programme without informing us on that, participants will not be reimbursed the travel expenses.)

* to participate in the whole evaluation process
* to implement a follow-up activity after the training in my country/school
1. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

If I cancel my participation, I abide myself to inform about it immediately, but not later than 30 days before training starts, so the organizers can find a suitable replacement.

We look forward to your early reply.

Please, send your application form to this e-mail address:

maja.svobodova@email.cz

If you have any questions, don’t hesitate to contact me. ☺