**IDENTIFY (WITH) YOUR WELL-BEING –**

**Killarney, Ireland 9-15 October 2016**

The contact details you provide us below will be used for all correspondence and we will send useful information about the training course to the email added below.

**YOUR ORGANIZATION’S DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Complete address |  |
| Phone[including country code]  |  |
| Email |  | Website |  |
| Activity level |  Local regional national international |

|  |
| --- |
| Please describe briefly your organization (including main activities, objectives and target group) |
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| --- |
| Why does your organization find this training important? |
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**YOUR DETAILS**

|  |  |
| --- | --- |
| Name and Surname: |  |
| Nationality: |  | **Date of Birth:**  |  | **Gender:** |  |
| Home Address: |  |
| Country: |   | **Place of Birth:** |  |
| Mobile number: (including country code) |  | Email: |  |
| Do you have any special needs of requirements that the host organization should know about? (e.g. dietary needs, allergies, mobility, medical conditions etc) |
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**Language abilities**

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| --- |
| Please mention all languages in which you are able to work and indicate your level for each (B-basic, G-good, VG-very good, F-fluent, MT-mother tongue). |
|  | Listening  | Speaking | Reading | Writing |
| English |  |  |  |  |

**Knowledge and experience**

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| What is your role in your organization? What experience do you have in working with young people? |
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| What type of training (if any) have you followed regarding voluntary work or volunteer management, international youth work, non-formal education, Youth in Action programme/Erasmus+? |
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**Motivation and Expectations:**

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| What would you like to learn, understand and experience during this training course? |
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| What is your motivation for wanting to participate in this training? |
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| What personal shift has to occur in order for you to be satisfied with the training? |
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| What do you need to learn, in order to be able to apply it in your local reality? |
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| Please indicate the name and full contact details of a person to be contacted in case of emergency during the course: |
| Name |  |
| Complete address |  |
| Phone[including country code] |  |
| Email |  |

**Travel details:**

**Arrives** **at**………………..**airport** **Time:** …………………………….

**Departures** **from**………….**airport**  **Time:** ………………………………

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| Please take note of the following conditions that will apply if you choose to take part in this training course: 1. 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,
* to take part in the full duration of the training course
* to participate in the whole evaluation process
* I am aware that obtaining health and full travel insurance is my own responsibility and at my own expense
1. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

Signature of applicant: Date:  |

**If for any reason you are no longer able to attend the course, please inform us as soon as possible so that the training organizers can ensure a replacement from the waiting list.**