Training Course

Youth Radicalization

29th of April 7th of May

Bansko, Bulgaria

Name:

Surname:

Birth date:

City of birth:

Country of residence:

Main profession:

Email address:

Mobile number:

Facebook Link:

1. Educational Background:
2. What is your motivation to participate in this training course?
3. Do you work directly with Young people?
4. If so, where do you work? What is your Position? What are your main responsibilities?
5. Any special needs diets?
6. Level of English language is. (Basic, Good, Excellent, Other)

Submit your application by **15th of March 2017 12:00 A.M. 2016** to europeinyourhand@gmail.com Name of the document must be your name.