

APPLICATION FORM

TO BE COMPILED AND SENT BACK WITHIN SEPTEMBER, 1ST 2017

NAME AND CURRENT ADDRESS OF THE PARTECIPANT

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.

NAME _____
TELEPHONE _____

LANGUAGE ABILITIES (SPOKEN)

1. ENGLISH POOR GOOD VERY GOOD EXCELLENT

YOUR 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!)



Erasmus+



ACTIVE EUROPEAN
CITIZENSHIP
OPEN TO THE WORLD



DETAILS OF THE ORGANISATION

| | | | |
|----------------|--|--------------|--|
| NAME | | | |
| STREET ADDRESS | | | |
| POSTCODE | | CITY/COUNTRY | |
| REGION | | | |
| EMAIL | | WEBSITE | |
| TELEPHONE | | | |

WHAT IS YOUR ROLE IN THE ORGANISATION?

PREVIOUS EXPERIENCE

PLEASE DESCRIBE YOUR EXPERIENCE CONNECTED TO THE TOPIC, CONCENTRATING ESPECIALLY TO THE ISSUES RELATED TO GENDER AND THEIR IMPACT IN YOUTH WORK.

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?