**APPLICATION FORM**

|  |
| --- |
| **PERSONAL DATA** |
| **First name:** |  |
| **Family name:** |  |
| **Nationality:** |  |
| **Age:** |  |
| **Gender:** |  |
| **Complete address:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Country** |  |
| **Phone number:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Web:** |  |

|  |
| --- |
| Do you have any **special needs or requirements** that the host organisation should know about? (E.g. mobility, medical needs, allergies, dietary restrictions, smoker/non-smoker) |
|  |

|  |
| --- |
| **Language(s) abilities:** 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). The main working language of the TC will be English. |
|  | Listening | Speaking | Reading | Writing |
| English |  |  |  |  |
| Other languages[please specify] |  |  |  |  |

|  |
| --- |
| **KNOWLEDGE AND EXPERIENCES** |
| **What are your roles (volunteer, youth worker, board member, director ...) and your tasks at your organization? Please tell us how long you have been involved in youth work?** |  |
| **What type of training (if any) have you followed regarding voluntary work or volunteer management, international youth work, non-formal education, Youth in Action and Erasmus+ programme?** |  |
| **What is your level of knowledge about listed:** |  | **Low** | **Medium** | **High** |
| **EramusPlus (previously "Youth in Action") programme in general** |  |  |  |
| **Mobility of young people: Youth exchanges** |  |  |  |
| **Mobility of youth workers: Youth worker's trainings and networkings** |  |  |  |
| **Mobility of young people: European Voluntary Service (EVS)** |  |  |  |
| **Please shortly describe your experience in the YiA and Erasmus+ programme and the actions above.****(E.g. type of projects, your role - organiser / participant / trainer or facilitator etc.)** |  |

|  |
| --- |
| **MOTIVATION AND EXPECTATIONS** |
| **What would you like to learn, understand and experience during this partnership building seminar?** |  |
| **What contributions can you bring for the partnership building seminar?** |  |
| **How do you plan to use the experience from this partnership building seminar in your work within your organisation afterwards?** |  |

|  |
| --- |
| Please indicate us the name and full contact details of a **person to be contacted in case of emergency** during the seminar: |
| **First name:** |  |
| **Family name:** |  |
| **Complete address:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Country** |  |
| **Phone number:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Web:** |  |

*Please take note of the following conditions that will apply, if you are selected to take part in the partnership building seminar.*

1. *I commit myself to participate in the whole process, including:*
* *to prepare myself carefully for the partnership building seminar and to do all remote preparation work the team will ask for,*
* *to take part in the full duration of the partnership building seminar*
* *to participate in the whole evaluation process*
1. *I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.*

*Name:*

*Date:*