**APPLICATION FORM**

**Youth Exchange “Do It Yourself+"**

**10–20 May 2018, Trabzon (Turkey)**

**Participant Information**

| First Name[as on your passport or ID] |  | Family Name[as on your passport or ID] |  |
| --- | --- | --- | --- |
| Nationality |  | Age:  |  | Gender |  |
| Complete home address |  |
| Postal code |  | Town  |  | Country  |  |
| Place of Birth [ town, Country] |  | Date of Birth [DD/MM/YYYY]: |  |  |
| Phone [with full international dial codes] |  | Email |  |

**Sending Organization**

|  |  |
| --- | --- |
| Name | Ticket2Europe |
| Country | Spain |
| Email | Olalla.gonzalez@ticket2europe.eu | Website | www.ticket2europe.eu |
| Activity level | [x]  local [x]  regional [x]  national [x]  international |

**Person to Contact in Case of Emergency**

|  |  |
| --- | --- |
| Name |  |
| Complete address |  |
| Postal code |  | Town  |  | Country  |  |
| Phone[with full int. dial codes] |  | Email |  |
| Relationship |  |

**English level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Listening  | Speaking | Reading | Writing |
| English |  |  |  |  |

**Health information**

Please send us all relevant information concerning your health or any special needs or requirements (allergies, intolerances, mobility, medical needs, allergies, dietary restrictions, etc…)

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**Knowledge and experiences**

* Do you have any personal experience with European Youth projects and Youth mobility programmes?
* What are your previous international experiences?

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**Motivation and Expectations**

* What’s your motivation in participating in this project?
* What would you like to learn, understand and experience during this youth exchange?

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* What contributions you think you can you bring for the youth exchange?

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* I hereby declare that I have carefully had entirely read and understood the information about the project (Infopack).
* I hereby commit myself to participate in the whole process of this project.
* I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expense. I understand that the information I have provided on my special needs does not remove my own personal responsibility for ensuring my own health.
* I hereby declare that everything stated in the present form corresponds to the truth.