**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 | local  regional  national  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…)

|  |
| --- |
|  |

**Knowledge and experiences**

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

|  |
| --- |
|  |

**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?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

* 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.