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|  **APPLICATION FORM****Training Course****“Gender 2.0”**29th November – 3rd December, 2018Luxembourg |
| **Participant Personal Details** |
| First Name |  | Family Name |  |
| Gender |  | Nationality |  |
| Place of birth |  | Date of Birth[DD/MM/YYYY] |  |
| Home Address |  | Town |  |
| Country |  | Postcode |  |
| Email |  | Phone Number (with code)  |  |
|  |  |  |  |
| **Person to Contact in Case of Emergency**  |
| Full Name |  | Relationship |  |
| Phone Number (with code) |  | Email |  |
|  |  |  |  |
| **Language Level** |
| English | Listening | Speaking | Reading | Writing |
| In order for the training course to be executed in the best way, we expect participants to have a minimum command of English language that will allow proper communication and work. Please assess your command of English language. |  |  |  |  |
| **Health Information**Please send us all relevant information concerning your health or any special needs or requirements (allergies, intolerances, mobility restrictions, medical needs, allergies, dietary restrictions, etc…) *NB! If occurred, any additional special requirements that are not filled out in this form will only be considered if possible.*   |
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| **Experiences** Have you ever participated in a non-formal international education activity inside or outside Erasmus+? (training course, youth exchange, youth camps…). If yes, please shortly describe your experience. |
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| What is your current occupation? |
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**Motivation and Expectations**

Why did you apply for this training course? What do you expect from this project? What would you like to learn, understand and experience during this days?

* 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.
* I hereby give my consent to share my personal data included in this application form with the hosting organization, which will use it for project management purposes only (European General Data Protection Regulation-GDPR).