**APPLICATION FORM**

**Health+ Talks**

**YOUTH EXCHANGE (CROATIA)**

**October 27th - November 4th, 2018**

**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 (preferably mobile) [with full international dial codes] |  | | Fax [with full international dial codes] |  | |
| Email |  | | Website |  | |
| Passport Number [or identity card] |  | | National ID code and Country |  | |

**Sending Organization**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Ticket2Europe | | | | | |
| Complete address | Novás, 3, Vilaboa | | | | | |
| Postal code | C.P. 36141 | | Town | Pontevedra | Country | Spain |
| Phone [with full international dial codes] | +34667884753 | | | Fax [with full international dial codes] | N/A | |
| Email | [romy.solomon@ticket2europe.eu](mailto:romy.solomon@ticket2europe.eu) | | | Website | [www.ticket2europe.eu](http://www.ticket2europe.eu) | |
| Activity level | local regional national international | | | | | |
| **Participation fee (non-Ticket2Europe members):**  **Participation fee (T2E members):** | | **$50**  **$0** | | | | |

**Person to Contact in Case of Emergency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Complete address |  | | | | |
| Postal code |  | Town |  | Country |  |
| Phone [with full international dial codes] |  | | Fax [with full international 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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* Please describe briefly your understanding of the topic of the project?

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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?

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* Tell us a little more about yourself! Who are you? What makes you tick? What are your hobbies and interests? Anything else you want to share with us?

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* I hereby declare that I have carefully had entirely read and understood the Project Description.
* 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).

Name:

Signature:

Date:

**PLEASE SEND THIS APPLICATION FORM TO** [**ROMY.SOLOMON@TICKET2EUROPE.EU**](mailto:ROMY.SOLOMON@TICKET2EUROPE.EU)

**BY SEPTEMBER 15TH, 2018.**