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| “Me, You, Us”  Youth Exchange  6th-15th May 2019  Bakuriani (Georgia) | | | |
|  | \*Before you fill in the application form make sure you have fully read the infopack | | |
| Country where you are now legally living: |  | | |
| First name: |  | | |
| Last name: |  | | |
| Date of birth: |  | Age: |  |
| Sex: |  | | |
| Address: |  | | |
| City: |  | | |
| Zip code: |  | | |
| Phone number: |  | | |
| E-mail address: |  | | |
| Contact person in case of emergency | *Full name*: | | |
| *Relationship to you*: | | |
| *Address*: | | |
| *Telephone number*: | | |
| Level of English: (bad, medium, good, excellent) |  | | |
| Special diet:  *(Vegetarian, religious diets, allergies etc.)* |  | | |
| Do you have any kind of physical limitation?  *(If so, please specify)* |  | | |
| The following questions are there for us to find out your interest and motivation regarding this training course.  Answer each question and be specific. | | | |
| What is your motivation in taking part in this training course? |  | | |

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| What is your experience in taking part in international programs?  *(e.g. trainings, youth exchanges, workshops etc.)* |  |
| Are you working actively with educational programs connected to the topic of this training course?  *(If so, describe briefly)* |  |
| What are the aspects of the topic of this training course that you are interested in? |  |
| What do you expect to learn during this training course? |  |
| Other remarks or questions: |  |

Please take note of the following conditions that will apply if you are selected to take part in the training

* 1. I commit myself to participate in the whole process, including: to prepare myself carefully for the project; to do all remote preparation work the team will ask for; to take part in the full duration of the project; to participate in the whole evaluation process.
* 2. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.
* 3. I authorize National Agency and the European Commission to publish, in whatever form and by whatever medium, including Internet, my correspondence address, information about my organisation and work and pictures taken at the seminar.
* 4. Participants per country will create one dissemination report related to the project that might be published in social media (size: one A4 page max) and organize one local workshop
* 5. Photos and videos that will be taken in various activities of the project, the participant agrees to provide us the permission to publish videos and pictures in any social media and website without any royalty fee.

