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| **APPLICATION FORM** | | | | | | | | | |
| Project Name | Erasmus+ for LGBTQ+ | | | | | | | | |
| Project Date | 19-27 October 2019 | | | | | | | | |
|  | |  | | | | | | | |
| **Participant Personal Details** | | | | | | | | | |
| First Name | |  | | Family Name | | |  | | |
| Sex | |  | | Nationality | | |  | | |
| Country of birth | |  | | Date of Birth  [DD/MM/YYYY] | | |  | | |
| Home Address | |  | | Town | | |  | | |
| Country of residence | |  | | Postcode | | |  | | |
| Email | |  | | Phone Number (with code) | | |  | | |
|  | |  | |  | | |  | | |
| **Person to Contact in Case of Emergency** | | | | | | | | | |
| Full Name | | |  | Relationship | | |  | | |
| Phone Number  (with code) | | |  | Email | | |  | | |
|  | | |  |  | | |  | | |
| **Language Level** | | | | | | | | | |
| English (beginner 1 – 5 fluent) | | | | | Listening | Speaking | | Reading | Writing |
| In order for the training course to be executed in the best way, we expect participants to have **at least good command of English language.**  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, dietary restrictions)  *NB! If occurred, any additional special requirements that are not filled out in this form will only be considered if possible.* | | | | | | | | | |
|  | | | | | | | | | |
| **Knowledge and experiences**  What is your experience with Erasmus+? | | | | | | | | | |
|  | | | | | | | | | |
| **Motivation and Expectations**  Please briefly explain why you would like to be part of this youth exchange, what you expect to learn and how you plan to use the learnings: | | | | | | | | | |
|  | | | | | | | | | |
| **I give my permission to Awesome People to use photos, videos and material with me on social media, webpage, printed material**  Yes  No   * I hereby declare that I have entirely read and understood the project description, infopack and reimbursement rules; * I hereby commit myself to participate in the whole process of this project, meaning in the 100% of the work programme. Failure to do so might result in non-return of my travel expenses or even withdrawal from the project activity; * I am aware that the youth exchange will have rules and schedule that each participant has to follow; * I am aware that the youth exchange has a no-alcohol policy for the whole duration of the exchange * I am aware that I am responsible for carrying out preparatory tasks asked by the organizers as well as dissemination activities after the youth exchange; * 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 this 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). | | | | | | | | | |