***APPLICATION FORM***

***Migrations enriching society***

***Evaluation meeting***

***Sajan, Serbia, 22 – 25.06.2017***

Please complete this form in English. The information present in this form will help the educational team understand more about your needs and expectations.

|  |
| --- |
| **PERSONAL DATA** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and current address of the participant | | | | | | | |
| Family name | |  | | First name |  | | |
| Street address | |  | | | | | |
| Postcode | |  | | City |  | | |
| Country |  | |
| Telephone | |  | | E-mail |  | | |
| Facebook/Twitter | |  | |  |  | | |
|  | | | | | | | |
| Personal details | | | | | | | |
| Date of birth | |  | | Gender | female | male | other |
|  | | | | | | | |
| Special needs | | | | | | | |
| Do you have any special needs (dietary needs, mobility problems, health care, etc.)? | | | | | | | |
|  | | | | | | | |
| Emergency contact | | | | | | | |
| Please provide contact details of a person who can be contacted in case of an emergency. | | | | | | | |
| Family name *(Mr/Ms)* | |  | | First name |  | | |
| Street address | |  | | | | | |
| Telephone | |  | |  |  | | |

|  |
| --- |
| **ORGANISATION (if applicable or if different than official sending org)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Details of the organisation | | | |
| Name |  | | |
| Street address |  | | |
| Postcode |  | City/country |  |
| Region |  |  | |
| E-mail |  | Website |  |
| Telephone |  | Fax (if applicable) |  |
| Profile of the organisation | | | |
| Please give a short description of your organisation (regular activities, target group, member of, etc.) and about your role within it. | | | |
|  | | | |

|  |
| --- |
| **EXPERIENCE & MOTIVATION** |

|  |
| --- |
| Previous experience |
| Have you participated in any project under YiA or Erasmus+?  Please describe your experience in the youth field. |
|  |

|  |
| --- |
| Motivation |
| Why would you like to participate in this evaluaiton meeting? |
|  |

Please return this application form to your sending organization contact e-mail: [contact@pel.mk](mailto:contact@pel.mk)

**By June the 15th 2017**