**APPLICATION FORM**

**Youth Exchange “Creating through Europe” – Peniche, 15 - 23 September 2017**

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

**PERSONAL DATA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and current address of the participant** | | | | |
| Family name |  | First name |  | |
| Address |  | | | |
| Postcode |  | City |  | |
| Facebook/Twitter link: |  | Country |  | |
| Telephone |  | Email |  | |
|  | | | | |
| **Personal details** | | | | |
| Date of birth |  | Gender | female | male |
| Nationality |  |  | | |
|  | | | | |
| **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.* | | | | |
| Name |  | | | |
| Telephone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language Abilities (Spoken) | | | | |
| 1. English | poor | good | very good | excellent |

**TRAVEL INFO**

|  |  |
| --- | --- |
| Your estimated arrival | |
| Date (Day/Month) |  |
| Time (time) |  |
| From (City/Country) |  |
| To (Airport you will fly to) |  |
| Your estimated departure | |
| Date (Day/Month) |  |
| Time (time) |  |
| From (Airport you will fly from) |  |
| TOTAL PRICE | |
| €. |  |

**ORGANIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of the organisation | | | |
| Name |  | | |
| City/country |  | | |
| Email |  | Website |  |
| Telephone |  | | |
| What is your role in the organisation? | | | |
|  | | | |

**EXPERIENCE AND MOTIVATION**

|  |
| --- |
| Previous experience |
| Please describe your experience as a youth worker/youth leader/volunteer, concentrating especially to the issues connected to the topic of the exchange |
|  |

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

|  |
| --- |
| Learning needs |
| What whould you like to learn and/or practice during the exchange? |
|  |

|  |
| --- |
| Comments |
| Do you have any other comments as far as the Youth Exchange is concerned? |
|  |

**Please answer the above questions as send us As soon as possible :D**

Return this application form before the 10th of August 2017 to:

[**contact@pel.mk**](mailto:contact@pel.mk)

THANK YOU! PEL team!