**Info for Participant**

**Challenging traditional leadership – empowering women! – “CTL - Empowering Women”**

***Train the Trainers***

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| Training of Trainers for Erasmus+ on the project Challenging traditional leadership – empowering women! – “CTL - Empowering Women” | | | | | | | | | | |
| 10 – 17 February 2020 | Durres, Albania | | | The major aim of this training course is to equip youth workers and leaders with a strong skill set in transformative leadership while focusing in its applicability in the world of the gendered leadership. Promote the equity and gender mainstreaming in youth work. | | | | | | | |
| Dear participant!  You are kindly asked to fill in clearly all needed information and to answer all questions asked below in order to help organizer with providing the best possible preparation of this event. YIAA will use provided information only for the purpose of this project.  You are kindly asked to send back completely filled Application form as soon as possible, **no later than 26 January 2020 to e-mail: contact@pel.mk** | | | | | | | | | | |
| Name: | |  | | | | Surname: | | |  | |
| Date of birth/ | |  | | | | Gender: | | | Female  Male | |
| Your age at the start of the tot | |  | | | | Address: | | |  | |
| E-mail: | |  | | | | Country:  Sending NGO: | | |  | |
| Level of English:  (Understanding/ Speaking/Writing) | |  | | | | Mobile phone:  (With full international dial codes) | | |  | |
| Why would you like to participate in this training?\* | | |  | | | | | | | |
| Have you worked on the topic before, or have you been part of gender equality trainings and activities?\* | | |  | | | | | | | |
| How do you think you will apply the knowledge gained in this training?\* | | |  | | | | | | | |
| Are you ready to apply your knowledge to the sending organization after this training? if so, how?\* | | |  | | | | | | | |
| fb contact (serves to add the participant to the fb group) | | | link: | | | | | | | |
| **ARRIVAL & DEPARTURE** | | | | | | | | | | |
| ARRIVAL | | | | | | | | | | |
| Date  (**D/M/Y**) | Time  (**ME Time**) | | | Means of transport **(bus, ferry, plane)** | | | | From  (**City, Country**) | | To  **(City, Country)** |
|  |  | | |  | | | |  | |  |
| DEPARTURE | | | | | | | | | | |
| Date  (**D/M/Y**) | Time  (**ME Time**) | | | Means of transport **(bus, ferry, plane)** | | | | From  (**City, Country**) | | To  **(City, Country)** |
|  |  | | |  | | | |  | |  |
| TOTAL TRAVEL COSTS (2 ways) | | | | | | | | | | |
|  | | | | | | | | | | |
| Do you have any special needs or requirements that the hosting organization should know about? (E.g. Mobility, medical needs, allergies, dietary restrictions - vegetarian/non pork eater etc.) | | | | | | | | | | |
|  | | | | | | | | | | |
| Details of the person to be contacted in case of emergency during the event: | | | | | | | | | | |
| Name: |  | | | | | | | | | |
| Complete address: |  | | | | | | | | | |
| Phone: (with full international dial codes) |  | | | | Email: | |  | | | |
| Please indicate if you agree with the rules of participation in the TOT:  Participants are required to be present and actively participate in the whole duration of TOT  Participants are required to organize their travel to the venue of TOT for which you will receive reimbursement by distance calculator of maximum eligible costs.  Participants are required to present topics, to propose ideas and other information during TOT | | | | | | | | | | |
| Your profession and/or occupation: | | | |  | | | | | | |
| Your position and role in this organization: | | | | Participant:  youth worker  trainer  in decision making positions  project manager  director of organizations  evs coordinator  other | | | | | | |
| Your experience in working with youth:  (role, duration, responsibilities) | | | | < 1 year  1 – 3 years  3 – 5 years > 5 years | | | | | | |
| Name and Surname  (Hand signature) | | | | | | | | | | |