**TRAINING COURSE**

**29 November - 6 December 2013 | FARO - PORTUGAL**

**“A TRAINING COURSE ON HOW TO INCREASE**

**YOUTH PARTICIPATION IN DECISION MAKING”**

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| **Name of the Organisation** | | | | |  | | | |
| **Function in the organisation** | | | | |  | | | |
|  | | | | | |  | | |
| **First name:** | | | | | | **Surname:** | | |
| Female | | | Male | | **Date of Birth:** | | | |
| **Personal Address:** | | | | | | | | |
| **Postal Code** | **City** | | | | | | **Country** | |
|  |  | | | | | |  | |
| **Phones** | **Area Code** | | | **Number** | | | **BANK DETAILS (refund)** | |
| **Work** |  | | |  | | | **IBA*N:*** |  |
| **Home** |  | | |  | | | **SWIFT** |  |
| **Fax** |  | | |  | | | **Account number:** |  |
| **Mobile phone** |  | | |  | | | **Name of the bank:** |  |
| **E-mail** |  | | | | | | **Address of the bank:** |  |
| **Special Needs** (Food; accommodation, others) | |  | | | | | | |

1. *Why do you want to participate in this training course?*

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1. *How did you receive this call?*

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1. *What do you expect to learn from the training course?*

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1. *What are the main obstacles youth is facing to participate in local youth councils/ youth forums or similar structures in your local community?*

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1. *How do you plan to transfer this experience to your local reality (within your organisation/community/network/etc)?*

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1. *Language Knowledge: Are you able to work in English?* Yes  No

|  |  |
| --- | --- |
| **Date and Signature of the Participant** | **Date and Signature of Organization**  **(stamp)** |

***Application form must be send to:***

[sofia.martins@ecos.pt](mailto:sofia.martins@ecos.pt)

**Deadline: 22th of October, 6 pm (CET)**