

**APPLICATION FORM**

**Training course (3.1)**

**“We Believe in Unity Together”**

**Kosovo, 12-19 May 2014.**

Please complete this form and send it to Dukagjin.leka@gmail.com or to ligo\_lex\_legis@hotmail.com

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| **Personal information** |
| **First name** |  |
| **Surname** |  |
| **Date of birth** |   |
| **Age** |  |
| **Gender** |   |
| **E-mail address** |   |
| **Home address** |  | **Country** |  |
| **Mobile phone**  |  |
| **English abilities** (good English speaking skills is a must to participate in this training) |  |  Very poor |   | Limited |   | Average |   | Good |   | Fluent |

**Part II**

Please take your time and answer the following questions. They are of a great importance so we can select the most motivated participants for the topic and put the final touches on the programme and content with your needs in mind.

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| Describe yourself (what do you do, what are your hobbies, your character, etc.) |
|   |
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| What are your expectations towards this training? What would you like to learn and experience? |
|   |
|  |
| What is your motivation to attend this training (personally and professionally)? |
|   |
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| What other similar experiences you had before (trainings, exchanges, summer camps)? |
|   |
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| Share some of your thoughts on dialogue and tolerance with each other |
|   |
|  |
| What do you do in your life to keep your heart in peace? |
|   |

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| **Part III** |
| **Please let us know if you will have any practical requirements, such as special dietary needs (vegetarian, no pork meat etc.) or any disability arrangements?** |
|   |
|  |  |
| Please indicate us the name and full contact details of a person to be contacted in case of emergency during the training course |
| Name |   |
| Complete address |   |
| Phone number |   |
| e-mail |   |

**Please take note of the following conditions that will apply if you are selected to participate in the training:**

1. I commit myself to participate in the whole process, including:
	* to prepare for the national evening
	* to take part in the full duration of the training
2. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

We look forward to your reply!

For inquiries or additional information, please contact with -

**Dukagjin Leka**

**E-mail: dukagjin.leka@gmail.com**