**17th of May – 25th of May 2014**

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| **Participant** Application Form |

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| **Personal Data** |
| **First name :** |  | **Last name :** |  |
| **Birthday:** |  | **Gender:** |  | **Nationality:** |  |
| **e-mail** |  | **Phone:** |  |
| **Passport:** |  | **Country of Residence:** |  |
| **Postal Adress:** |  | **Do you need VISA to some in FRANCE ?** |
| Yes [ ]  No [ ]  |
| **Special Needs/Language Skills** |
| **Smoker :** | Yes: [ ]  | No: [ ]  |
| **Food:** | No special requirements: [ ]  | Vegetarian: [ ]  | Other (please describe): [ ]  |
| **Medical/physical special condition (including allergies, medical intolerances, diseases, mobility, etc.):** | Nothing relevant: [ ]  | Yes (please refer Medical/physical story and special assistance and/or medication needs, or other): [ ]  |
| **Level of English:** | (1) Basic:[ ]  | (2) Medium:[ ]  | (3) Good:[ ]  | (4) Very good: [ ]  | (5) Mother-Tongue: [ ]  |
| **Any other special needs or requirements:** |  |

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| **Organisation Data** |
| **Organization name :** |  |
| **Your Role in the Organisation (please decribe):** |  |
| **Website:** |  | **Phone:** |  |
| **e-mail:** |  |
| **Postal Adress of the organization:** |  |
| **Organisation short description:****aims, activities, target group(s)** |  |

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| **Personal Background, Expectations, Motivation & Follow-up** |
| **Please explain what motivates you to participate in this training course** | . |
| **Please describe your previous experience in youth work** |   |
| **Please Describe your previous experience dealing with sport practices and participation of young people** |  |
| **What do you expect to learn from this training course?** |  |
| **Please explain how do you plan to use the outcomes of this training for the future development of your organisation and/or community.** |  |
| **Any other comments, questions, information or ideas that you might want to share with us** |  |

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| **Declaration** |
| **I, the undersigned, confirm the authenticity of the data I provided in this application and declare my full availability to participate on this training course.****I also confirm my permission for the publication of any photos, videos or other media gathered in the context of this project.** |
| **Date:** |  | **Place:** |  |
| **Participant Signature:** |  |

**Only completely filled applications will be accepted!!!**

**Send your application to** **leaders.of.change.2014@gmail.com** **until 27/04/2014**