

**UNLOCKING YOUR POTENTIAL - Antwerp 2-8 June 2015**

The contact details you provide us below will be used for all correspondence and we will send useful information about the training course to the email added below.

| First Name: |  | | Surname: |  | |
| --- | --- | --- | --- | --- | --- |
| Nationality: |  | Age: |  | Gender: | Female  Male |
| Address: |  | | | | |
| Postal code: |  | Town: |  | Country : |  |
| Phone (preferably mobile) [with full international dial codes] |  | | Email: |  | |
| Date of birth: |  | | Place of Birth: |  | |

Language(s) abilities: Please mention all languages in which you are able to work and indicate your level for each (B-basic, G-good, VG-very good, F-fluent, MT-mother tongue). The main working language of the TC will be English.

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| --- | --- | --- | --- | --- |
|  | Listening | Speaking | Reading | Writing |
| English |  |  |  |  |

Do you have any special needs or requirements that the host organization should know about? (E.g. mobility, medical needs, allergies, dietary restrictions such as vegetarian/vegan/)

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Your organization

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complete address |  | | | | |
| Postal code |  | Town |  | Country |  |
| Phone [with full international dial codes] |  | |  |  | |
| Email |  | | Website |  | |
| Activity level | Local regional national international | | | | |

Please describe your organization briefly

What are the objectives, main activities and target group of your organization?

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What are your roles (volunteer, youth worker, board member, director ...) and your tasks? Please tell us how long you have been involved in youth work?

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Knowledge and experiences

What type of training (if any) have you followed regarding voluntary work or volunteer management, international youth work, non-formal education, Youth in Action programe/Erasmus+?

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Motivation and Expectations:

What would you like to learn, understand and experience during this training course?

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What motivates you to actively participate in this training course?

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What impact would you like this training to have on you?

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How do you plan to use the experience from this training course in your work within your organization afterwards?

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Please indicate us the name and full contact details of a person to be contacted in case of emergency during the course:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Complete address |  | | | | |
| Postal code |  | Town |  | Country |  |
| Phone [with full international dial codes] |  | |  |  | |
| Email |  | | | | |

Travel details:

Arrives at………………..airport

Time: …………………………….

Departures from………….airport

Time: ………………………………

Please take note of the following conditions that will apply if you choose to take part in this training course:

1. I commit myself to participate in the whole process, including:

* to prepare myself carefully for the training course and to do all remote preparation work the team will ask for,
* to take part in the full duration of the training course
* to participate in the whole evaluation process

1. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

Signature of applicant: Date:

If for any reason you are no longer able to attend the course, please inform us as soon as possible so that the training organisers can ensure a replacement from the waiting list.