

## APPLICATION FORM

1. Personal details:

First name:	
Family name:	
Date of birth:	
Male/Female:	
Address:	
Country:	
Tel.:	Fax:
E-mail:	

2. Language skills:

 Fluent / Fair / Poor
 Fluent / Fair / Poor

## 3. Special needs/assistance & dietary requirements:



4. Information about organization:

Name of the applying organisation/group:					
Type of organisation:		□ Governme □ Regional			
Address of organization:					
Phone number:		Fax	:		
Website:		E-m			
<b>Brief description</b> of the organisation (aims, target group, activities, achievemnts):					
Your position in the organisation:					
🗆 Volunteer 🛛 Empl	oyed yout	h worker	🗆 Oth	ner	

5.Please describe your experiences in youth work - national and international. Do you have previous experiences with the YOUTH programme?

6.Describe your experience/knowledge/interest of gender issues.

7. How do you intend to use this Study Visit in your work?

8. I agree that my personal data given in this application form may be made available to other participants.

Yes 🗆			
No 🗆			

Applicant signature Responsible in the organization signature

Date

Please return this application to your National Agency before 28 st of March 2005.

The applications must be sent to: Programa Juventud Agencia Nacional Española C/ José Ortega y Gasset, 71 28006 Madrid España Fax 34-91-3637687

For further questions, please contact:

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