**PARTICIPANT INFORMATION FORM**

**TRAINING COURSE**

**Tackling Intolerance and Discrimination:**

**A Tool Box**

**Givoinazzo-Italy**, **02/12/2016 – 09/12/2016**

**Part I**

|  |  |
| --- | --- |
| **A. Personal details** | |
| **Name and surname:** |  |
| **Gender (Male / Female):** |  |
| **Date of birth:** |  |
| **Profession / occupation:** |  |
| **City and country of residence:** |  |
| **Special needs (e.g. food, disability, others, please specify,…):** |  |
|  | |
| **B. Contact details** | |
| **Address:** |  |
| **E-mail:** |  |
| **Mobile telephone:** |  |
| **Facebook / Twitter** |  |

### Part II

|  |
| --- |
| **What is your personal / professional experience in relation to the theme of the project?** |
|  |
| **What previous Council of Europe, Youth in Action or any other international youth activities have you attended? Please specify the name and the dates of the activities.** |
|  |
| **What is your motivation to attend this experience?** |
|  |

**Please write your possible travel itinerary**

|  |  |
| --- | --- |
| **Country:** |  |
| **Travelling from (name of city):** |  |

|  |  |
| --- | --- |
| **Date and time of arrival:** |  |
| **Flight number and airline:** |  |
| **Arrival airport:** |  |

|  |  |
| --- | --- |
| **Departure time (flight):** |  |
| **Departure time-point (train station/bus station):** |  |
| **Notes:** | |
|  | |

**Participating organisation and contacts**

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