**ICE2**

**International Cooperation Evolution: Programme + MEDA Countries**

**17 – 23 April 2016**

**Nabeul, Tunisia**

**APPLICATION FORM**

I. Personal details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| **Name** |  | | | | Please add your profile picture (like the one on your Identity Card or Passport) here or send it separately attached with the e-mail | | **P**  **H**  **O**  **T**  **O** |
| **Surname**  **(Family name)** |  | | | |
| **Gender** | male | | female | |
| **Birth Date** |  | | | |
| **Nationality** |  | | | |
| **Place of birth** |  | | | |
| **Country of residence** |  | | | |
| **Mobile Phone** (with international code in front) |  | | | |
| **E-mail** |  | | | |
| **Facebook** (link to your name of Facebook) |  | | | |
| **Emergency Contact** | **Name:**  **Telephone:** |  | | |  | |  |
| **OTHER INFORMATION** | | | | | | | |
| **What University are you studying at ?**  **Where do you work?** | | | |  | | | |
| **Have you participated in any international activity ?** | | | | YES | | NO | |
| **Have you participated in a Youth in Action / Erasmus+ Project before ? If YES, where ?** | | | | YES | | NO | |
| **Have you been in TUNISIA before ?** | | | | YES | | NO | |
| **Are you vegetarian?** | | | | YES | | NO | |
| **Do you have an allergy to milk ?**  **Or other products made of milk ?**  **If yes please specify.** | | | | YES | | NO | |
| **Do you have any other allergy?**  **If yes please specify.** | | | | YES | | NO | |
| **Do you need special medication ?**  **If yes please specify.** | | | | YES | | NO | |
| **Do you have medical problems/**  **disabilities ?**  **If yes please specify.** | | | | YES | | NO | |
| **Do you have any special skills that you can share with us (for example: acting, painting)?**  **If yes please specify.** | | | | YES | | NO | |
| **Do you want to have fun in this project ? ☺** | | | | YES | | NO | |
| **If you would like to add anything please write here:** | | | | | | | |
| **From where your going to travel ? aeroport !!!**  **..............................................................................................................................** | | | | | | | |

II. Details of organisation

|  |
| --- |
| **EXPLAIN YOUR ROLE IN THE ORGANISATION THAT SENDS YOU:** |
|  |

III. Involvement in youth work

|  |
| --- |
| **PLEASE DESCRIBE YOUR PREVIOUS EXPERIENCES IN THE FIELD OF (INTERNATIONAL) YOUTH WORK:** |
|  |

IV. Motivation, expectations and needs

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE DESCRIBE YOUR OWN PERSONAL MOTIVATION FOR ATTENDING THIS YOUTH EXCHANGE:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **LANGUAGE ABILITIES** | | **WELL** | | | **ENOUGH** | | **POOR** | |  | |
| 1. | English | |  |  |  |  |  |  | | \*write as many languages as you want | |
| 2. | ... | |  |  |  |  |  |  | |
| 3. | ... | |  |  |  |  |  |  | |

Please, send this application carefully filled **at:**

[**asso.eve\_euromed@yahoo.com**](mailto:asso.eve_euromed@yahoo.com)

**Project manager: Kais soui / +216 97 492002**