**Mental health through nature and community - Youth Exchange**

You can apply to be a youth exchange partner by filling out this form and returning it by 20.06.2023. The completed document should be sent to the email address: international@gyiot.hu.

| Full legal name |  |
| --- | --- |
| Full legal name (English) |  |
| PIC |  |
| OID |  |
| Acronym |  |
| Department (if applicable) |  |
| Address |  |
| City |  |
| Country |  |
| Region |  |
| Website |  |
| Email |  |
| Telephone |  |
| Facebook |  |

| **Type of Organization** |  |
| --- | --- |
| Is the partner org. a public body? |  |
| Is the partner org. a non-profit? |  |

| Main sector of activity: |  |
| --- | --- |

| **Legal Representative** |  |
| --- | --- |
| Title, Family Name |  |
| First Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Address |  |

| **Contact person** |  |
| --- | --- |
| Title, Family Name |  |
| First Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Address |  |

**Please briefly present the partner organisation.**

|  |
| --- |

**What are the activities and experience of the organisation in the areas relevant for this application? Please provide information on your organisation’s / group’s regular youth work activities.**

|  |
| --- |

**What are the skills and expertise of key staff/persons involved in this application?**

|  |
| --- |

**To which objectives and needs of your organisation does this youth exchange respond to (500 words max.)**

**Please describe the background of the young people you will select and how will you select them having in mind the defined profile - check call for partners (500 words max.)**

**Participant with fewer opportunities**

**Are there participants involved in the activities who face situations that make their participation in the activities more difficult?\***

**Which types of situations are these participants facing?\***

**If any, please explain the particular measures (accompanying person, reinforced preparation etc.) you will put in place to cater for the specific needs of these participants and/or to support their participation.**

**Needs for extra costs:**

**Do you want to use the green travel opportunity?**

**YES / NO**

**How many extra days do you need for green travel?**

**\_\_\_\_\_\_\_ days**