**Democratically Together! Training Course**

**APPLICATION FORM**

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| **PERSONAL DATA** | |
| **First name:** |  |
| **Family name:** |  |
| **Nationality:** |  |
| **Date of birth:** |  |
| **Gender:** |  |
| **Complete address:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Country** |  |
| **Phone number:** |  |
| **E-mail:** |  |

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| Do you have any **special needs or requirements** that the host organisation should know about? (E.g. mobility, medical needs, allergies, dietary restrictions, smoker/non-smoker) |
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| Have you been **vaccinated** against **Covid-19**?  When yes, when you've been **fully vaccinated**? (please write the date) |
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| **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. | | | | |
|  | Listening | Speaking | Reading | Writing |
| English |  |  |  |  |
| Other languages [please specify] |  |  |  |  |

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| **KNOWLEDGE AND EXPERIENCES** | |
| **What are your roles (volunteer, youth worker, board member, director ...) and your tasks at your organization? Please tell us how long you have been involved in youth work?** |  |
| **What type of training (if any) have you followed regarding voluntary work or volunteer management, international youth work, non-formal education, Youth in Action and Erasmus+ programme?** |  |
| **Please shortly describe your experience in the YiA and Erasmus+ programme and the actions above.**  **(E.g. type of projects, your role - organiser / participant / trainer or facilitator etc.)** |  |

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| **MOTIVATION AND EXPECTATIONS** | |
| **What would you like to learn, understand and experience during this mobility?** |  |
| **What contributions can you bring for the mobility?** |  |
| **How do you plan to use the experience from this mobility in your work within your organisation 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 seminar: | |
| **First name:** |  |
| **Family name:** |  |
| **Complete address:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Country** |  |
| **Phone number:** |  |
| **Fax:** |  |
| **E-mail:** |  |

***Please join our facebook group!***[www.facebook.com/groups/democraticallytogether/](http://www.facebook.com/groups/democraticallytogether/)

***Please take note of the following conditions that will apply, if you are selected to take part in the 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.*