***APPLICATION FORM***

***You(th) can play for Europe***

***Activity 2***

***Mobility Seminar***

***Vrsac, Serbia, 19.10.2016 – 27.10.2016***

Please complete this form in English. The information present in this form will help the educational team understand more about your Training Course needs and expectations.

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| **PERSONAL DATA** |

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| Name and current address of the participant |
| Family name |  | First name |  |
| Street address |  |
| Postcode |  |  City |  |
| Country |  |
|  Telephone |  | E-mail |  |
| Facebook/Twitter |  |  |  |
|  |
| Personal details |
| Date of birth |  | Gender | [ ]  female  | [ ]  male | [ ]  other |
|  |
| Special needs |
| Do you have any special needs (dietary needs, mobility problems, health care, etc.)? |
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| Emergency contact |
| Please provide contact details of a person who can be contacted in case of an emergency. |
| Family name *(Mr/Ms)* |  | First name |  |
| Street address |  |
| Telephone |  |  |  |

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| **ORGANISATION (if applicable or if different than official sending org)** |

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| Details of the organisation |
| Name |  |
| Street address |  |
| Postcode |  | City/country |  |
| Region |  |  |
| E-mail |  | Website |  |
| Telephone |  | Fax (if applicable) |  |
| Profile of the organisation |
| Please give a short description of your organisation (regular activities, target group, member of, etc.) and about your role within it. |
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| **EXPERIENCE & MOTIVATION** |

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| Previous experience |
| Have you participaed in any project under YiA or Erasmus+? Please describe your experience in the youth field. |
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| Motivation |
| Why would you like to participate in this Seminar? |
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Please return this application form to your sending organization contact e-mail: contact@pel.mk

**By September the 26st 2016**