**APPLICATION FORM**

"THE LAST RESORT**"**

*14 – 21.08.2018 – Valencia, Spain*

Please complete this form in English. The information in this form will help the project team to understand more about your training needs and expectations.

**PERSONAL DATA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and current address of the participant** | | | | |
| Family name |  | First name |  | |
| Address |  | | | |
| Postcode |  | City |  | |
| Facebook |  | Twitter |  | |
| Telephone |  | Email |  | |
|  | | | | |
| **Personal details** | | | | |
| Date of birth |  | Gender | female | male |
| Nationality |  |  | | |
|  | | | | |
| **Special needs** | | | | |
| *Do you have any special needs (dietary needs, mobility problems, health care, etc.)?* | | | | |
|  | | | | |
| **Emergency contact** | | | | |
| *Please provide contact details of a person who can be contacted in case of an emergency.* | | | | |
| Name |  | | | |
| Telephone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language Abilities (Spoken) | | | | |
| 1. English | poor | good | very good | excellent |

**TRAVEL INFO**

|  |  |
| --- | --- |
| Your estimated arrival | |
| Date (Day/Month) |  |
| Time |  |
| From (City/Country) |  |
| To (Spanish Airport you will fly to) |  |
| Your estimated departure | |
| Date (Day/Month) |  |
| Time |  |
| From (Spanish Airport you will fly from) |  |
| TOTAL PRICE of your trip: €. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Very important!) | |

**ORGANIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of the organisation | | | |
| Name |  | | |
| Street address |  | | |
| Postcode |  | City/country |  |
| Email |  | Website |  |
| Telephone |  | | |
| What is your role in the organisation? | | | |
|  | | | |

**EXPERIENCE AND MOTIVATION**

|  |
| --- |
| Previous experience |
| Please describe your experience connected to the topic, concentrating especially to the issues related to migration, refugees, inclusion and their impact in local communities. |
|  |

|  |
| --- |
| Motivation |
| Why would you like to participate in this training course? |
|  |

|  |
| --- |
| Comments |
| Do you have any other comments as far as the training is concerned? |
|  |

**Please answer the above questions as send us**

***this application form before the 7th of April 2018 to:***

**contact@pel.mk**

THANK YOU!

PEL Team!