



**APPLICATION FORM**

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

**PERSONAL DATA**

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| **Name and current address of the participant** |
| Family name |  | First name |  |
| Address |  |
| Postcode |  | City |  |
| Region |  | Country |  |
| 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. |
| Language Abilities (Spoken) |
| 1. English | [ ]  poor | [ ]  good | [ ]  very good | [ ]  excellent |

**EXPERIENCE AND MOTIVATION**

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| Previous experience |
| Please describe your experience connected to the topic, concentrating especially to the issues related to gender and their impact in youth work. |

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| Motivation |
| Why would you like to participate in YOUNG LEADERS? |

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| Comments |
| Do you have any other comments as far as the International Meeting is concerned? |

**Each partner organization must send the 5 completed application forms by one mail to** **contact@pel.mk** **before 15 th November 2018**