



**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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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? |

|  |
| --- |
| 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**](mailto:contact@pel.mk) **before 15 th November 2018**