

**PARTICIPANT APPLICATION FORM**

**International Training Course**

**E+QUALITY WEEK**

**BISCEGLIE 02/12/17 – 07/12/17**

**DATE OF ARRIVAL: 01/12 DEPARTURE DAY: 08/12**

**Part I**

|  |  |
| --- | --- |
| **A. Personal details** | |
| **Name and surname:** |  |
| **Gender (Male / Female):** |  |
| **Date of birth:** |  |
| **City and country of birth:** |  |
| **Profession / occupation:** |  |
| **City and country of residence:** |  |
| **Special needs (e.g. food, disability, others, please specify):** |  |
|  | |
| **B. Contact details** | |
| **Address:** |  |
| **E-mail:** |  |
| **Mobile telephone:** |  |
| **Facebook link:** |  |

### Part II

|  |
| --- |
| **What is your personal / professional experience in relation to the theme of the project?** |
|  |
| **What previous Council of Europe, Youth in Action, Erasmus + or any other international youth work activities have you attended? Please specify the name and the dates of the activities.** |
|  |
| **What is your motivation to participate in this project and how will your organization benefit from participation in this project?** |
|  |
| **During the project, you are going to have the opportunity to deliver a session/ workshop related to the main topic. What it would be ?Please explain here briefly:** |
|  |

**Please write your possible travel itinerary[[1]](#footnote-1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Means of transport** | **From\* Place and time** | **To\***  **Place and time** | **Price** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Please indicate departure/arrival place and time (e.g. Rome (21:30)- Istanbul (23:30))

**Submit to your sending organization!**

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1. This travel itinerary is just indicative. Please do NOT buy any ticket before approval of your sending organization. [↑](#footnote-ref-1)