**Key Action 1: Learning Mobility of Individuals**

**“Thousand ways to eat” PROJECT**

**13 – 21 JULY 2015,**

**MUGA DE SAYAGO/SPAIN**

**APPLICATION FORM**

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| **PERSONAL INFORMATION** |
| ***Name*** |  | ***Surname*** |  |
| ***Gender*** | ***Female***  |  | ***Male*** |  | ***Date of birth*** |  | ***PHOTO*** |
| ***Place of birth*** | ***City*** |  | ***Country*** |  |  |
| ***Home address*** |  |
| ***Nationality*** |  | ***Residence country*** |  |
| **Identity docs.****Very Importand !!!** | ***Passport no*** |  |
| ***Id number*** |  | ***Other ID*** |  |
| ***e-mail*** |  |
| ***Phone*** |  |
| ***Emergency Contacts*** *(Please give us 2)* |
| ***Contact 1*** *(name, address, phone and relationship)* |  |
| ***Contact 2*** *(name, address, phone and relationship)* |  |

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| **OTHER INFORMATION** |
| ***Mark your t-shirt size*** |  |
| ***Do you need a VISA to come to Spain?*** |  |  |
| ***Do you need an Invitation letter from us ?*** |  |  |
| ***Do you have a valid passport?*** |  |  |
| ***Is available 6 more months from now on?*** |  |  |
| ***Do you want a YouthPass certificate for this project?*** |  |  |
| ***Have you participated in any international activity ?*** |  |  |
| ***Have you participated in any EUYouthProgramme Project?*** |  |  |
| ***Have you participated in a Youth in Action Project before?*** |  |  |
| ***If yes, Where?*** |  |
| ***Do you smoke?*** |  |  |
| ***Do you have any special skills (acting, painting, writing)?***  |  |  |
| ***If yes, tell us which one:*** |  |

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| ***Are you studying/Did you study at the university?***  |  |  |
| ***If yes, indicate in wich one and what did you/are you study/ing:*** |  |
| ***Do you have medical problems or disabilities ?*** |  |  |
| ***If yes, specify:*** |  |
| ***Do you need special medication?*** |  |  |
| ***If yes, specify:*** |  |
| ***Do you have any allergy?*** |  |  |
| ***If yes, tell us which one:*** |  |
| ***Are you lactose intolerant?***  |  |  |
| ***Are you vegetarian?*** |  |  |
| ***Do you eat pork?*** |  |  |
| ***Do you want to have fun in this project?*** |  |  |
| ***If you would like to add anything please write here:*** |  |
| ***How did you find out about this project and about us ?***  |  |

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| **DETAILS OF YOUR ORGANISATION** |
| ***Explain your role in the NGO*** |  |

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| **INVOLVEMENT IN YOUTH WORK** |
| ***Please describe your previous experiences about international youth work*** |  |

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| **LANGUAGE SKILLS** |
| ***Specify wich languages you know and note if the level is B:Basic ; G: Good; F: Fluent.*** |
| ***Language 1*** |  | ***Speaking*** |  | ***Writing*** |  | ***Understanding*** |  |
| ***Language 2*** |  | ***Speaking*** |  | ***Writing*** |  | ***Understanding*** |  |
| ***Language 3*** |  | ***Speaking*** |  | ***Writing*** |  | ***Understanding*** |  |
| ***Language 4*** |  | ***Speaking*** |  | ***Writing*** |  | ***Understanding*** |  |

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| **MOTIVATION, EXPECTATIONS AND NEEDS** |
| ***Please describe your own personal motivation for attending this youth exchange project*** |  |

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| **TRAVEL DETAILS** |
| ***From which country/city are you coming?*** |  |
| ***Please describe your full itinerary, note the different transportation*** |  |
| ***How much your round trip transportation will cost? (please note 100%)*** |  |

**Please, send this application form carefully filled and saved as a PDF document
 until 2*5th MAY 2015***

info@involved.ee

**THANKS!!!**