****



**APPLICATION FORM FOR PARTICIPANTS**

***EVS Level Up*** - a Training Course under ***Erasmus+***

25th November – 2nd December, 2017

**Participant information**

| First Name [as on your passport or ID-card] | | Family Name [as on your passport or ID-card] | |
| --- | --- | --- | --- |
|  | |  | |
| Nationality | Age | | Gender |
|  |  | | Female  Male |
| Complete home address | | | |
|  | | | |
| Postal code | Town | | Country |
|  |  | |  |
| Place of Birth [town, Country] | | Date of Birth [DD/MM/YYYY]: | |
|  | |  | |
| Phone [with full international dial codes] | | Fax [with full international dial codes] | |
|  | |  | |
| Email | | Website | |
|  | |  | |
| Passport Number [or identity card] | | Social Security Number and Country | |
|  | |  | |

**Sending organization**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | | | |
|  | | | | |
| Complete address | | | | |
|  | | | | |
| Postal code | | Town | | Country |
|  | |  | |  |
| Phone [with full international dial codes] | | | Fax [with full international dial codes] | |
|  | | |  | |
| Email | | | Website | |
|  | | |  | |
| Activity level | local  regional  national  international | | | |

**Person to Contact in Case of Emergency**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | |
|  | | | |
| Complete address | | | |
|  | | | |
| Postal code | Town | | Country |
|  |  | |  |
| Phone [with full international dial codes] | | Fax [with full international dial codes] | |
|  | |  | |
| Email | | | |
|  | | | |
| Parental relationship | | | |
|  | | | |

**English level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** = *very good* / **5** = *bad* | Listening | Speaking | Reading | Writing |
| English: [1-2-3-4-5] |  |  |  |  |

**Health information**

Please send us all relevant information concerning your health or any special needs or requirements (allergies, intolerances, mobility, medical needs, allergies, dietary restrictions, smoker/non-smoker , etc.)

|  |
| --- |
|  |

**Knowledge and experiences**

* Do you have any personal experience with European Youth projects and Youth Mobility programs?

Yes  No

* Do you have any personal experience with European Youth Projects and Youth mobility programs? Please describe very briefly

|  |
| --- |
|  |

* What are your previous international experiences?

|  |
| --- |
|  |

* Have you participated in trainings/exchanges/seminars before?

|  |
| --- |
|  |

* Please describe briefly what is your connection to the European Voluntary Service (EVS)?

|  |
| --- |
|  |

**Motivation and Expectations**

* What’s your motivation in participating in this project? What would you like to learn, understand and experience during this training course?

|  |
| --- |
|  |

* Where did you get information about this project?

|  |
| --- |
|  |

* What contributions you think you can bring for the training course?

|  |
| --- |
|  |

* What is your super power and how it works?

|  |
| --- |
|  |

**Declaration**

* I hereby declare that I have carefully and entirely read and understood the Project Description.
* I hereby commit myself to participate in the whole process of this project.
* I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expense.
* I understand that the information I have provided on my special needs does not remove my own personal responsibility for ensuring my own health.
* I hereby declare that everything stated in the present form corresponds to the truth.

**Bank Account Information for Reimbursement**

|  |  |
| --- | --- |
| Name of account holder / Account name | Account currency |
|  |  |
| Address of account holder | |
|  | |
| Name of bank | |
|  | |
| Address of bank | |
|  | |
| IBAN | BIC / SWIFT-Code |
|  |  |
| **Only for Non-EURO / Non-SEPA-Accounts** | |
| Account number | Bank code |
|  |  |