APPLICATION FORM

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| ERASMUS+ Youth Exchange  **“RIGHT TO WORK FOR ALL”**  12nd of NOVEMBER –19th of NOVEMBER 2015, YALOVA-TURKEY  Organization: Magna Carta TURKEY www.magnacarta.sk | | | | | | | | | | | |
| Dear applicant ☺  After reading all the information about Youth Exchange, you are kindly asked to fill in clearly all needed information and to answer all questions asked below in order to help organizations with providing the best possible preparation of this event.  **Your personal information will be used only for the purpose of this project.**  You are kindly asked to send back completely filled Application form as soon as possible, to e-mail:  **yalovayouth@gmail.com** | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | |
| Name: |  | | | | Surname: | | |  | | | |
| Date of birth: |  | | | | Gender: | | | Female  Male | | | |
| Age: |  | | | | | | Country: | | |  | |
| Address: |  | | | | | | Postal code: | | |  | |
| Town: |  | | | | | | Facebook: | | |  | |
| E-mail: |  | | | | | | Skype: | | |  | |
| Mobile phone: (with full international dial codes) | | | |  | | | | | | | |
| **LANGUAGE SKILLS** | | | | | | | | | | | |
| Your profession and/or occupation: | | | |  | | | | | | | |
| Language skills  (self-assessment) | | Understanding | | | | Speaking | | | | | Writing  (poor, good, excellent) |
| Language | | Listening (poor, good, excellent) | Reading (poor, good, excellent) | | | Dialog  (poor, good, excellent) | | | Monolog  (poor, good, excellent) | |
| English | |  |  | | |  | | |  | |  |
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|  | |  |  | | |  | | |  | |  |
| **VISA** | | | | | | | | | | | |
| Do you require **VISA** to enter **TURKEY**? | | | | | | | | | YES  NO | | |

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| **HEALTH & SECURITY** | | | | |
| Do you have any **special needs or requirements** that the hosting organization should know about? (E.g. mobility, medical needs, **special nutrition [vegan, vegetarian, etc.], allergies, dietary restrictions, religious needs**, etc.) | | | | |
|  | | | | |
| Do you take any medication? What for? | | | YES  NO | |
|  | | | | |
| Did you have any serious medical problems in the past? | | | YES  NO | |
|  | | | | |
| Do you have health insurance? | | | YES  NO | |
|  | | | | |
| Details of the person to be contacted in **case of emergency** during the project: | | | | |
| Name: |  | Phone: | |  |
| Address: |  | Email: | |  |
| **MOTIVATION FOR PROJECT** | | | | |
| What is your motivation to participate in this Youth exchange? | | | | |
|  | | | | |
| What are your expectations from the Youth Exchange? | | | | |
|  | | | | |
| Have you previously taken part in activities organised within the framework of the Youth In Action?  (If yes, please indicate the title of the project, date and venue) | | | | |
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| Any other comments: | | | | |
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| **Please indicate if you agree with the rules of participation in Youth Exchange (YE)** | | | |
| Participants are required to **be present** and **actively participate** in the whole duration of YE  and accept the rules of the hosting place and hosting organisation | | | |
| Participants are required to **organize their travel** to the venue of YE for which they will receive  **reimbursement of 170€** as max. except Portugal. | | | |
| Participants agree to **share their contact details** (particularly e-mail address) with other participants of YE | | | |
| Participants accept that organizer **use audio-visual material from YE** (in which they could appear)  in a purpose of promoting the project | | | |
| **Name & Surname:** |  | **Place:** |  |
| **Date:** |  | **Sign:** |  |

**FOR MORE INFO ABOUT ERASMUS+**

http://ec.europa.eu/programmes/erasmus-plus/index\_en.htm

**ERASMUS+ PROGRAMME GUIDE:**

http://ec.europa.eu/programmes/erasmus-plus/documents/erasmus-plus-programme-guide\_en.pdf

