**Application Form**

**Personal Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | |
| **Sex** |  | | | **Age** | | |  |
| **Nationality** |  | | | **Street & no.** | | |  |
| **City, country** |  | | | **Post code** | | |  |
| **Mobile** |  | | | **Phone** | | |  |
| **Personal E-mail** |  | | | **Dietary requirements** | | |  |
| **Level of English**  (Please mark with X) | ***Speaking*** | ***Reading*** | | | ***Writing*** | | |
| **Very good** | | **Very good** | | | **Very good** | |
| **Good** | | **Good** | | | **Good** | |
| **Basic** | | **Basic** | | | **Basic** | |

**Organisational Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Street & no.** |  | **Post code** |  |
| **City** |  | **Country** |  |
| **Phone** |  | **Fax** |  |
| **Web** |  | **E-mail** |  |
| **Contact person** |  | | |
| **Please give a short description of your organisation and its main activities:** | | | |
| **What is your role in the organisation?** | | | |

**Experience**

(Note that the indicated space for submitting the information can and should be exceeded)

|  |
| --- |
| **What kind of experience do you have in working with young people? What methods do you use?**  (please list all experiences you consider relevant) |
|  |
| **What kind of experience (if any) do you have in active citizenship projects?** (please list all experiences , while trying to provide as many details you consider relevant) |
|  |
| **What is your experience and knowledge of campaigning, lobbying and advocating tools and mechanisms?**  (please list all experiences you consider relevant) |
|  |
| **Have you been participating in some international training before?**  (please list all experiences you consider relevant) |
|  |

**Campaigning, Lobbing and Advocating**

(Note that the indicated space for submitting the information can and should be exceeded!)

|  |
| --- |
| **Please share with us your understanding of campaigning, lobbing and advocating in youth work and how it can be used for implementing youth led projects:**  (please be as detailed as possible) |
|  |
| **What are the main competences you would like to gain/improve in this training course?** |
|  |
| **What are the 3 most attractive aspect of this training course for you?** |
| **1.**  **2.**  **3.** |
| **How do you plan to use the learning gained during this training course (please be specific)?** |
|  |
| **Anything else you would like to tell us?** |
|  |

**Practical issues**

|  |  |  |  |
| --- | --- | --- | --- |
| If you are accepted as a participant on this course, will you require assistance in obtaining visa for Cyprus? If yes, please indicate: | | | |
| **Passport no.** |  | **Date of issue** |  |
| **Place of issue** |  | **Date of expiry** |  |

**Please return this application form completed not later than**