***APPLICATION FORM***

to be submitted to relevant sending organisation (partner organisation) by e-mail before **October 15th 2014**.

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| --- | --- |
| NAME: |  |
| FAMILY NAME: |  |
| DATE OF BIRTH: |  |
| PLACE OF BIRTH: |  |
| PHONE: |  |
| E-MAIL: |  |
| FACEBOOK LINK: |  |
| TWITTER LINK: |  |
| ORGANISATION: |  |
| COUNTRY: |  |
| CITY: |  |
| ADRESS: |  |
| What is your position / role in your sending organisation and your main tasks? |
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| What is your personal / professional experience in relation to the theme of the training? |
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| What previous Council of Europe, Youth in Action or any other international youth activities have you attended? Please specify the name and the dates of the activities. |
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| What is your motivation to attend this training course? |
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