****

**APPLICATION FORM**

**Personal information**

|  |  |
| --- | --- |
| First name:  |  |
| Last name: |  |
| Name you want be called during the training: |  |
| Gender (F/M) |  |
| Date of birth: |  |
| Your age at the start of the exchange: |  |
| Address: |  |
| Zip code: |  |
| City: |  |
| Country: |  |
| E-mail address: |  |
| Phone number: |  |
| **Contact person in case of emergency:**Name:Last name:Address:Phone number:Relation to you: |  |
| Your occupation or profession: |  |
| What is your level of English?(excellent, good, medium, basic):Do you need translation? | ВАВ |
| How did you find out about this training? |  |
| **Please indicate if you face following conditions:** |  |
| Are you unemployed?(it doesn´t count if you are a student) | YES/NO |
| Did/do you have any educational problems (e.g. dropouts) | YES (please describe)/NO |
| Do you belong to a minority? | YES (please describe)/NO |
| Are you coming from an incomplete family? | YES/NO |
| Are you living in a conflict country or region? | YES (please describe)/NO |
| Do you face geographical obstacles (e.g. living isolated)? | YES (please describe)/NO |
| **Motivation** |  |
| How does the theme of the project relate to your life?(min. 50 words) |  |
| What do you want to learn in this exchange concerning your own development?(min. 50 words) |  |
| What is the situation of social enterprise initiative and development in your country? |  |
| How are you being creative in your life? |  |
| How do you plan to use what you learn in training when you go back home?(min. 50 words) |  |
| **Health condition** |  |
| What is your present health status? |  |
| Do you have any disabilities? (mental/physical)? Please describe your condition |  |
| Do you have any allergies? If yes, please specify |  |
| Do you have a special diet?(if yes, please mention what type of special diet (vegetarian, allergies, etc.) |  |
| Do you take any medication? If yes, please specify (what, how often, what for) |  |
|  |  |
| **Other remarks or questions:** |  |

*I hereby declare that all the above information are true and correct to the best of my knowledge.*

*By submitting this application I, the undersigned, confirm that I have read and understood the Information Letter and the conditions of reimbursement of the “Let´s Get Creative!” project and I know and accept the conditions of participation*.

*Date\_\_\_\_\_\_\_\_\_\_ Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***If you are selected for the project you will receive a confirmation letter with more details about your arrival and participation. If you have received this letter, only then you can start arranging your traveling.***

*All the information gathered in this form will be kept strictly confidential and only for the purposes of the project.*