APPLICATION FORM

“USE - United Supporting Europe” youth exchange

Italy, 25.8.-2.9. 2016

**Personal information**

|  |  |
| --- | --- |
| First name: |  |
| Last name: |  |
| Gender (F/M) |  |
| Date of birth: |  |
| 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: |  |
| Occupation or profession: |  |
| **MOTIVATION** |  |
| Why do you want to join the youth exchange?  (50 words minimum) |  |
| How do you plan to use what you learn in the exchange when you go back home?  (min. 50 words) |  |
| **HEALTH CONDITION** |  |
| What is your present health status? |  |
| 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:** |  |

Send the filled application to brnoconnected@gmail.com