***EDU-ACTION***

***Ka.2 Capacity Building in the Youth Field***

Participant’s Application form

|  |  |
| --- | --- |
| **Participant** | |
| **Name and surname:** |  |
| **Sex:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Date and place of birth (dd/mm/yyyy):** |  |
| **Special needs (allergies, food, medical support etc.):** |  |
| **Emergency contact person** | |
| **Name:** |  |
| **Relation to the participant (parent, sibling etc.):** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |

**Please, answer to the following questions.**

|  |
| --- |
| **Mark with a X your preference for the job-shadowing** |
| **Bolivia**  **Senegal** |
| **English level (basic/good/ fluent)** |
|  |
| **Spanish or French level (basic/good/ fluent)** |
|  |
| **What are your previous mobility/international experiences?** |
|  |
| **Why are you interested in the project topic?** |
|  |
| **Shortly describe your expectations and motivations in taking part in this jobshadowing.** |
|  |
| **Did you have previous experiences as educator and/or youth worker? Please, briefly describe them.** |
|  |