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| ***Attach*** ***your*** ***photo*** ***here!*** | Name |  |
| Surname |  |
| Sex |  |
| Place and Date of Birth |  |
| Address |  |
| Nationality |  |
| Telephone |  |
| E-mail |  |
| Skype  |  |
| ID Card / Passport No. |  |
| Expiration date |   |
| *Please, fill all the boxes!* |
| Few words about your academic background. |
|  |
| Few words about your profession and/or your volunteering activities. |
|  |
| Do you have any experience in one or some of the topics covered by this training? |
|  |
| Have you ever participated in a similar course (Youth in action training courses or other non formal education programmes)? If yes, please provide some details. |
|  |
| Do you think is there any relation between inclusion and active citizenship? Please share your thoughts on this regard. |
|  |
| What could be your contribution for the success of the Training course? |
|  |
| Please, tell us one of your favourites famous quotes! |
|  |
| Which are your hobbies? |
|  |
| SPECIAL NEEDS: Do you have any allergies, diet restrictions, disabilities or disease which we should be aware of in order to be able to provide you the best work conditions? |
|   |
| **Emergency Contact** |
| Name |  |
| Relationship |  |
| Address |  |
| E-mail |  |
| Telephone  |  |
| *Thank you!**We are waiting for you in Lisbon! ☺* |