



**Training Course**

**Palermo (Italy) 11st – 18th April 2016**

Erasmus plus KEY ACTION1: Mobility of learners and staff

**APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
|  | Name |  |
| Surname |  |
| Sex |  |
| Date of birth |  |
| Complete address |  |
| Nationality |  |
| Passport/ID number |  |
| Telephone |  |
| E-mail |  |
| Sending organization |  |
| *Please, fill all the boxes!* | | |
| Few words about your academic background. | | |
|  | | |
| What is your job/studies/other at the moment? | | |
|  | | |
| What are your abilities in English language? (Please remember that the main language of the training course will be English) | | |
|  | | |
| What is your experience as active citizen? | | |
|  | | |
| Which are your main reasons for participating in this training course? | | |
|  | | |
| What is your knowledge about active citizenship, youth participation and community development? | | |
|  | | |
| Do you have any volunteering experiences? | | |
|  | | |
| Please tell us a need of your community that you would like to address. | | |
|  | | |
| What could be your contribution for the success of the seminar? | | |
|  | | |
| What do you want to gain from this training course (please give us the 3 most important outcomes of this seminar for you personally and for your organization)? | | |
|  | | |
| How do you plan to use the knowledge gained during this training course (please be specific)? | | |
|  | | |
| Are you willing to implement a local action in your community with the support of your sending organization as a follow-up of the training? | | |
|  | | |
| Please, tell us one of your favourites famous quotes! | | |
|  | | |
| *Thank you!* | | |