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**This project** is financed by the

**EUROPEAN UNION- EUROMED, Youth in Action Programme**

**“Be Brave: Express yourself"**

**16-21 November 2013, Beirut-Lebanon**

### APPLICATION FORM

|  |  |
| --- | --- |
|  | Personal info |
|  | **Family name:** |  |
|  | **First name:** |  |
|  | **Post Address:** |  |
|  | **Phone:** |  |
|  | **Fax:** |  |
|  | **E-mail:** |  |
|  | **Birth date:** |  |
|  | **Nationality:** |  |
|  | **Residency:** |  |
| **Passport No.:** |  |  |
|  |
| * **Organization name & Address:**
 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| * **3 Lines about yourself:**
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|  |
|  |
|  |
|  |
| * **Language skills:**
 |
| Native language: |  |
|  | Fluent | Good | Enough | Poor |
| English | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| Please note that the working language of this training course going to be English.  |

|  |
| --- |
| * **Please tell us about your motivation to participate in this training:**
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| * **Do you have a previous international experience? If yes, please describe:**
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|  |
| * **What experience do you have in the women empowerment topic?**
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|   |
|  |
| * **How can you contribute during this training?**
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|   |
|  |
| * **What kind of things you don't like to encounter during this training?**
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|  |
|  |
| * **What knowledge, skills, and competences you hope to gain during this training?**
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|  |
|  |
| * **How do you think you’d use your knowledge, skills and experience obtained during the training when you are back?**
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|  |
|  |
| * **Any special needs or requirements you would like to have regarding food or accommodation?**
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|  |
| * **Any remarks you would like to share with the organizers?**
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| **I approve/ do not approve** that pictures taken of me during the training would be put on the website of the training course and any other publication meant for dissemination on the results. (please underline) |
| * This project is supported by the Youth in Action Programme.
* The organizers will cover 100% of the costs for visa, accommodation, food and programme activities and 70% of the travel expenses for participants.
* Please send back this application to beirut2@lebanonywca.org
 |
| Date |  | Signature: |  |

Emergency contacts:

Name:

Phone:

Address:

E-mail Address:

Relation to participant: