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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:** | | | | | | | | | | | |
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| * **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. | | | | | | | | | | | |

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| --- | --- | --- | --- |
| * **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?** | | | |
|  | | | |
|  | | | |
| * **What knowledge, skills, and competences you hope to gain during this training?** | | | |
|  | | | |
|  | | | |
| * **How do you think you’d use your knowledge, skills and experience obtained during the training when you are back?** | | | |
|  | | | |
|  | | | |
| * **Any special needs or requirements you would like to have regarding food or accommodation?** | | | |
|  | | | |
| * **Any remarks you would like to share with the organizers?** | | | |
| **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](mailto:beirut2@lebanonywca.org) | | | |
| Date |  | Signature: |  |

Emergency contacts:

Name:

Phone:

Address:

E-mail Address:

Relation to participant: