

# Inclusion & Employability for All!

A seminar on inclusion and employability for youth with fewer opportunities

RIMINI, 22-28 FEBRUARY 2014

## Application form

CONTACT DETAILS:	
NAME:	PHOTO
SURNAME:	
ADDRESS:	
CITY:	
REGION:	
TELEPHONE: <i>(With prefix)</i>	
MOBILE: <i>(With prefix)</i>	
E-MAIL:	
PERSONAL DATA:	
DATE OF BIRTH:	
NATIONALITY:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DO YOU HAVE ANY ALLERGIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, SPECIFY	
DO YOU HAVE ANY PARTICULAR DIETARY NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF, YES SPECIFY	
HAVE YOU ALREADY BEEN ABROAD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE?	
FOR HOW LONG?	<input type="checkbox"/> < 3 MONTHS <input type="checkbox"/> < 6 MONTHS <input type="checkbox"/> < 1 YEAR <input type="checkbox"/> > 1 YEAR
EMERGENCY CONTACT:	
SURNAME:	NAME:
ADDRESS:	N° CITY:
REGION:	COUNTRY:
TELEPHONE: <i>(With prefix)</i>	MOBILE: <i>(With prefix)</i>
VISA REQUIREMENTS:	
PASSPORT NO:	EXPIRATION DATE:

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LANGUAGE ABILITY:						
Mother tongue:						
LANGUAGE		BASIC	INTERMEDIATE	GOOD	FLUENT	MOTHER TONGUE
ENGLISH	ORAL					
	WRITTEN					
	READ					
	ORAL					
	WRITTEN					
	READ					
	ORAL					
	WRITTEN					
	READ					

PLEASE DESCRIBE YOUR PREVIOUS EXPERIENCE WORKING WITH YOUTH (VOLUNTEER OR PROFESIONAL)
PLEASE DESCRIBE YOUR MOTIVATION TO PARTICIPATE TO THIS TRAINING COURSE
WHICH ARE THE CHALLENGES YOUTH ARE FACING IN YOUR LOCAL COMMUNITY?

Please indicate if you agree with the rules of participation in the seminar:

- Participants are required to **be present** and **actively participate** in the whole duration of seminar and accept the rules of the hosting place and hosting organisation.
- Participants are required to **organize their travel** to the venue of seminar for which they will receive **reimbursement of 70%** of maximum eligible costs (detailed conditions in INFO PACK) **after the seminar and after they sent us the boarding passes and tickets (both ways)**.
- Participants are required to **present topics, learned skills and other information about seminar** in their organizations after the seminar.
- Participants agree to **share their contact details** (particularly e-mail address) with other participants of the seminar.
- Participants accept that organizer **use audio-visual material from seminar** (in which they could appear) in a purpose of promoting the project

Name:

Signature:

Please fill this form and send it to [info@ngokane.org](mailto:info@ngokane.org) by 10th of February 2014