Application form

I The Cadre of Change I



24.October 2014 – 1.November 2014.

Vadul lui Voda, Moldova



Dear Participants,

Please fill all the information required, no later than

 **21st of September 2014.**

If you have any questions, please contact us via e-mail: udruga.vovo@gmail.com

See you all in Moldova!

Don’t forget to become friend with us on Facebook : <http://fb.com/NGO.vovo>

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| PERSONAL INFORMATIONS |
| **NAME:** | Click here to enter text. |
| **SURNAME:** | Click here to enter text. |
| **GENDER:** | Male [ ]  Female [ ]  |
| **DATE OF BIRTH:** | Click here to enter text. |
| **PLACE OF BIRTH:** | Click here to enter text. |
| **HOME ADDRESS:** | Click here to enter text. |
| **CITY:** | Click here to enter text. |
| **COUNTRY:** | Choose an item. |
| **NATIONALITY:** | Click here to enter text. |
| **PASSPORT NUMBER:** | Click here to enter text. |
| **ID NUMBER:** | Click here to enter text. |
| **E MAIL:** | Click here to enter text. |
| **PERSONAL CONTACT NUMBER:** | Click here to enter text. |
| **EMERGENCY CONTACT 1:** | Click here to enter text. |
| **EMERGENCY CONTACT 2:** | Click here to enter text. |

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| OTHER INFORMATIONS |
| **HAVE YOU PARTICIPATED IN ANY EU PROJECT? IF YES, WHERE?** | Click here to enter text. |
| **WHAT IS YOUR EXPEIENCE IN PHOTO AND FILM MAKING?** | Click here to enter text. |
| **DO YOU HAVE ANY OF FOLOWING EQUIPMENT TO BRING WITH YOU TO THIS TC (Professional Photo Camera, Professional Video Camera, Photo Camera, Video camera, Laptop, Tripod, Steady Cam, other)?** | Click here to enter text. |
| **DO YOU SMOKE?** | Yes [ ]  No [ ]  |
| **DO YOU HAVE ANY SPECIAL SKILLS? IF YES, WHICH ONE?** | Click here to enter text. |
| **DO YOU NEED SPECIAL MEDICATION? IF YES, SPECIFY:** | Click here to enter text. |
| **DO YOU EAT PORK?** | Yes [ ]  No [ ]  |
| **ARE YOU VEGETARIAN?** | Yes [ ]  No [ ]  |
| **DO YOU HAVE ANY OTHER SPECIAL NEEDS?** | Click here to enter text. |
| **WOULD YOU CONSIDER YOURSELF AS PERSON WITH LESS OPORTUNITIES? IF YES SPECIFY** | Click here to enter text. |

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| LANGUAGE SKILLS |
| **SPECIFY WHICH LANGUAGES DO YOU KNOW AND LEVEL (B-basic, G-good, F-fluent)** |
| Language 1 | Click here to enter text. | **Speaking** |  | **Writing** |  | **Understanding** |  |
| Language 2 | Click here to enter text. | **Speaking** |  | **Writing** |  | **Understanding** |  |
| Language 3 | Click here to enter text. | **Speaking** |  | **Writing** |  | **Understanding** |  |
| Language 4 | Click here to enter text. | **Speaking** |  | **Writing** |  | **Understanding** |  |

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| MOTIVATION AND EXPECTATIONS |
| **PLEASE DESCRIBE YOUR PERSONAL MOTIVATION FOR ATTENDING THIS TRAINING COURSE:** | Click here to enter text. |
| **EXPLAIN YOUR ROLE IN NGO:** | Click here to enter text. |
| **WHAT DO YOU THINK, HOW CAN YOU CONTRIBUTE TO YOUR NGO BY PARTICIPATING IN THIS PORJECT?** | Click here to enter text. |

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| TRAVEL DETAILS |
| **PLEASE PROVIDE YOUR TRAVEL DETAILS TO MOLDOVA (date, time and airport of departure and arrival)** | Click here to enter text. |
| **ESTIMATED TOTAL TRAVEL COSTS FROM/TO RESIDENT COUNTRY IN €** | Click here to enter text. |