APPLICATION FORM

Empowering Summercamp Youth Leaders

9 – 13 May 2018

***The application form needs to be send to responsible person for your country till***

|  |  |
| --- | --- |
| **Name of organization:** |  |
| **First name:** |  |
| **Last name:** |  |
| **Name you want to be called during the training:** |  |
| **Address:** |  |
| **Zip code:** |  |
| **City:** |  |
| **Country** |  |
| **Email adress** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
|  |  |
| **Phone number - Regular:**  **Phone number - Mobile:** |  |
| **Occupation or profession:** |  |
|  |  |
| **Special Diet:** |  |
| **What is your present health condition? Specify if you take currently any medication or have taken within the last 2 months** |  |
| **Contact person in case of emergency**  **Full name:**  **Address:**  **Phone numbers:**  **Relationship to you:** |  |
| **How did you know about this training:** |  |
| **Level of English: (bad, medium, good, excellent)** |  |
| \*Please mark if you face the following situations:  \*: This information is necessary for the Erasmus fund. It will be handled confidentially.  Thank you! | Social obstacles - e.g. broken family  Economic obstacles- e.g. living in poverty, unemployment  Disability- phisycal disability  Educational difficulties-e.g. learning difficulties, school dropout  Cultural differences- e.g. part of minority  Health problems  Geographical obstacles-e.g. live in rural place  Other – please specify: |
| **Please answer each question, give true answers, specific to you. Consider, that based on your answers we can develop the program in a way that serves your needs. General answers do not support.**  **Learning needs survey:** | |
| **1. Why are you interested in this training?** |  |
| **2. Do you have any experience with summer camps, maybe as a youth leader or as a participant?** |  |
| **3. What skills or competences do you want to practice and develop?** |  |
| **4. What results do you expect concerning your personal development? What about on professional level?** |  |
| **5. What lessons or information is the most important to take home to your own organization? Please explain.** |  |
| **6. In which areas of your life do you want to use what you learnt here and how?** |  |
| **7. Will you be able to use the things you learn within your own organisation and/or summer camp? Please explain.** |  |
| **8. Questions, remarks, anything else you want to add:** |  |
| **9. How are you planning to inform the other youth leaders in your country about the things you have learned at the ESYL training?** |  |
| **By submitting this application I, the undersigned, confirm that I have read and understood the Information Letter and the conditions of reimbursement about the `Empowering Summer Camp Youth Leaders’ training and I know and accept the conditions of participation.** | |

**DATE: SIGNATURE:**