**Application Form – Leadership through project method**

**Kolin, 7th – 13th September, 2017**

**Note: after filling in the form, please name it: LTPM\_COUNTRY\_NAME**

|  |  |
| --- | --- |
| Country |  |
| First name |  |
| Family name |  |
| Sex |  |
| Date of birth |  |
| Place of occupation (name of the school, university, working place) |  |
| Email |  |
| Phone number |  |
| Facebook address |  |
| Level of English (excellent, good, medium, bad) |  |
| Special diets and needs: (vegetarian, religious diets, allergies, physical limitations) |  |
| Sending organization |  |
| Your role in the organization |  |
| Size of a T-Shirt |  |

***Contact person in case of emergency:***

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Address |  |
| Email |  |
| Relationship to you |  |

**Contact person in case of emergency**

***What experience do you have in international exchanges, trainings, voluntary work?***

***Why would you like to participate in this project?***

***How are you going to use the skills gained during the training course? How you imagine to continue the work after the project- the follow up steps?***

***Free space (you can state here any other information, you would like to share, which you consider relevant for the activity (studies, hobbies, civil society involvement, life experience, personal interests, you think is relevant to the activity and you would like to mention).***

*By submitting this application, I confirm that I have read and understood the Information Letter and the conditions of reimbursement about the training “It’s up to you” and I know and accept the conditions of participation.*