|  |  |
| --- | --- |
| **Personal Details** | |
|  | |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **EMAIL** |  |
| **GENDER** |  |
| **LANGUAGE ABILITIES** |  |
| **PASSNUMBER** |  |

|  |  |  |
| --- | --- | --- |
| **Role in your organisation** | | |
|  | | |
| **Position:** |  | |
| **Organisation:** | Name |  |
|  | Street |  |
|  | City |  |
|  | Postal Code |  |
|  | Country |  |
|  | Phone |  |
|  | Fax |  |
|  | Website |  |
|  | Email |  |

|  |  |
| --- | --- |
| **Travel Information and Bank details (Arrival/Departure/Costs)** | |
|  | |
| Please provide us with your **exact arrival and departure dates**: | |
| ARRIVAL Time and Place: | |
| DEPARTURE Time and Place: | |
|  | |
| Please provide us with the bank details of your **sending organisation** where the **reimbursement** will be transferred to. | |
| **Name of Bank** | AS LHV Pank |
| **Address of Bank (incl. postal code)** | Tartu mnt 2, 10145 Tallinn |
| **Account Holder** | MTÜ Noortevahetuse Arengu Ühing EstYES |
| **Address Account Holder (inc. postal code)** | Wiedemanni 3, Tallinn, 10126, Estonia |
| **IBAN** | EE127700771000945601 |
| **SWIFT/BIC** | LHVBEE22 |
| **Account Number** | EE127700771000945601 |
| **Bank Code** | 689 |
|  | |

|  |  |  |
| --- | --- | --- |
| **Motivation, Need, Knowledge** | | |
|  | | |
| * Please describe your **organisation** (aims, activities, target group, structure, partners,…): * Please describe your **role/position** in the organisation: * Why do you join the training course, both **personally** and **professionally**? What expectations do you have towards this training? * What does **Peace** mean for you? Why is it important for you? * Do you have any plan how you will use the gained knowledge after the course? * If you have any, what is your experience in working within the **Youth in Action Program/Erasmus+?** | | |
| **Special Needs or Requirements:**   * Please let us know if you require any special arrangements or if there are things we need to be aware of .(e.g. vegeterian, allergies, …) * For the participants with disabilites please let us know if you bring your own personal assistance or if you need any help provided. In the latter case please let us know which kind of help you need. | | |
| **EMERGENCY CONTACTS**  Please indicate us the name and full contact details of a person to be contacted in case of emergency during the course | | |
| Name: |  | |
| Complete address: |  | |
| Postal Code: | Town: | Country: |
| Phone [with full international dial codes]: | Email: | |
|  |  |  |
| **Declaration**  please tick the boxes to show you understand and accept the parts of this declaration  ❒‘I agree that the data in this form will be shared with the trainers and administrative staff working for this specific training course’  ❒ ‘I declare that all of the information on this application form is honest and truthful to ability, experience and support needs and has been completed by the participant named on this application’  I commit myself to participate in the whole process, including:  ❒ to prepare myself carefully for the training course and to do all remote preparation work the team will ask for,  ❒ to take part in the full duration of the training course  ❒ to participate in the whole evaluation process  ❒ I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses.  ❒ I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.  ❒ I allow Grenzenlos to publish pictures taken and related to the training course on their website and for promotional professional material.  ❒ ‘I declare that the person mentioned as my emergency contact is informed about the status and agrees to share the contact details with the responsible in the coordinating and hosting organisation’  ❒ ‘ I agree, that my e-mail address is shared with the other participants of this training course | | |

Send application to estyes@estyes.ee