|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

APPLICATION FORM

**Study Session**

**“CONTRAPUNCTUS EUROPEUS - European Youth Against Populism and Xenophobia”**

**Application form**

**General information**

**Nominating network:** Alliance

**Name and surname:**

**Organization:**

**Your position in the organization:**

**Country, city:**

**Gender:**

**Date of birth:**

**E-mail:**

**Phone number:**

**Availability for the full duration of the Study Session (yes/no)**

**Motivation**

**Please, describe your experience of work with marginalized youth or dealing with issues of discrimination against national, ethnic, racial, religious and cultural minorities:**

**What your organization will receive from your participation in the Study Session:**

**What you personally will benefit from being a participant of this Study Session:**

**Special needs**

**DIETARY NEEDS**

Please, let us know if you have any dietary needs

**OTHER NEEDS**

Please, let us know if you have any other needs which will allow you to participate in the Study Session

Please send filled in form till **May, 16th 2019** to **estyes@estyes.ee**

*Thank you for applying!*