**Application Form**

**Youth Exchange,
Many Languages of Journalism**

**22-31.07.2016/22.09-1.10.2016, Zakopane, Poland**

**Personal Data**

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| **Full Name** |  |
| **Sex** |  | **Date of Birth**  |  |
| **Place of Birth** |  | **Personal e-mail** |  |
| **Country of Residence**  |  | **Full Address** |  |
| **Dietary requirements and needs** |  |
| **Level of English**(Please mark with X)  | ***Speaking/Reading/Writing*** | **Status**(Please mark with X, max. 2)  |  |
| **Very good**  | **Student**  |
| **Good** | **Worker** |
| **Basic** | **Unemployed** |
| **Required** | **European Health Insurance Card****ISIC Students Card** (in case of students) |

**Experience**

(Note that the indicated space for submitting the information can be exceeded)

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| **What is your main working experience and knowledge that you would like to share with other participants according to the topic of the project?** (please list all experiences you consider relevant) |
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| **Have you been participating in some international project before?** (please list all experiences you consider relevant) |
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| **What are the main competences you would like to gain/improve during this Youth Exchange?** |
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| **How do you plan to use the learning gained during this Youth Exchange (please be specific)?** |
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| **Describe how can you promote project and its results (meetings, newspapers, webpages, Facebook, etc.)? In case of having those possibilities, could you specify how you are going to do it?** |
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| **Anything else you would like to tell us?** |
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| **Emergency contact person (Full Name, phone number, email address)** |
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Please take note of the following conditions that will apply if you are selected to take part in the project “Many Languages of Journalism”:

* 1. I commit myself to participate in the whole process, including: to prepare myself carefully for the Youth Exchange; to do all remote preparation work the team will ask for; to take part in the full duration of the Youth Exchange; to participate in the whole evaluation process and to promote project and its results.
* 2. I am aware that obtaining a health (European Health Insurance Card or equal) and a full travel insurance (for travel days) 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.
* 3. I authorise European Center for Youth Initiatives, National Agencies in participating countries and the European Commission to publish, in whatever form and by whatever medium, including the Internet, my correspondence address, information about my organisation and work results and pictures taken during the project.

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Signature