

**Power of Kindness**  
- training course for youth workers -

15.10.2018 – 23.10.2018

Zadar, Croatia

**APPLICATION FORM**

General information about the participant

<b>Name:</b>	
<b>Surname:</b>	
<b>Address, city, postal code and country of residence:</b>	
<b>Nationality:</b>	
<b>Phone number:</b>	
<b>E-mail:</b>	
<b>Facebook name:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	
<b>ID or passport number:</b> (indicate is it ID or passport)	

Program related information about the participant

<b>Occupation:</b>	
<b>Specialized in:</b>	
<b>Type of youth violence of particular interest:</b>	
<b>Please describe shortly your motivation for attending this training:</b>	

<b>Please describe shortly how you (&amp; your organization) expect to benefit from attending this training:</b>	
<b>Level of English:</b> (Basic, Good or Excellent)	
<b>Have you ever attended an Erasmus+ training (activity) before? How many? Could you describe shortly your experience?</b>	
<b>How did you find out about this training?</b> (work, fb, newsletter, friends...?)	
<b>Questions, comments, remarks:</b>	

### Health Condition of the participant

<b>Do you have any special dietary requirements?</b> (vegetarian, vegan diet....?)	
<b>Are you allergic?</b> <b>If yes, please state the allergens.</b>	
<b>Do you have other health concerns (physical or mental)? Please state them.</b>	
<b>Please list any medications you are taking and their dosages.</b>	
<b>Do you have a valid health insurance?</b> (yes/no) Please establish a valid health insurance for the duration of the training!	
<b>Please state your contact person in case of emergency</b> (name, surname, phone number, relation to you):	

<b>Do you find yourself among those facing the following challenges?</b> Please write „X” left of the row of the challenge.	
	<b>cultural</b> - immigrants or refugees, belonging to a national or ethnic minority or going through linguistic adaptation
	<b>economic</b> - unemployed, low income, low standard of living
	<b>educational</b> - early school-leavers etc.
	<b>geographical</b> - coming from remote or rural areas, living on small islands
	<b>social</b> - coming from broken family, facing discrimination based on gender, ethnicity and sexual orientation

\* All the information obtained in this application form will be used for the purposes of the *Power of Kindness* project only and will not be shared with any other entities except among project partners and Croatian National Agency responsible for monitoring implementation of the project, without your explicit and, at any time, revocable consent.

By signing this application form and participating in project activities I give my full consent to project partners to freely gather and process my personal data and forward it to Croatian National Agency for monitoring purposes.

By signing this application form I commit to actively participate in the whole training, to take preparation and follow-up activities seriously and to make the best out of the whole experience.

Date and place

Signature of the applicant

