***Holistic approach: learning to fight against GBD with our bodies, minds and souls***

Application form

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| Name |  |
| Surname |  |
| Sex |  |
| Date of birth |  |
| Country of residence |  |
| Email |  |

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| What is the name of the organisation you represent and where it is located |
|  |
| Please provide a short description of your organisation |
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| What is your role in the organisation? |
|  |
| Please describe briefly your motivation to participate in the course |
|  |
| Do you have any experience with these topics? |
|  |
| How can you follow-up your participation in the course? |
|  |
| Additional information relevant to access your application |
|  |

**Please send this form filled in by 30th April**

**to** **irene.lapera@ceipes.org**