**PARTICIPANT FORM**

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **FIRST NAME** |  | *Please insert your current photo* |
| **MIDDLE NAME** |  |
| **LAST NAME** |  |
| **DATE OF BIRTH** |  |
| **GENDER** |  |
| **COUNTRY OF ORIGIN** |  |
| **COUNTRY OF RESIDENCE** |  |
| **LANGUAGES SPOKEN** |  |
| **PHONE IN YOUR COUNTRY** |  |
| **PHONE IN GEORGIA** |  |
| **E-MAIL** |  |
| **HOME ADDRESS** |  |
| **SKYPE ID** |  |
| **Facebook profile link** |  |

**TRAVEL INFORMATION**

| **Departure** | **Arrival** | **Means of transport** | **Estimated costs** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Tbilisi** (Airport/bus station) – **Mtskheta** – **Tbilisi** (Airport/bus station) | Mini bus | € 25  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL:**  |
|  |
| *Additional information about your travel we should know:* |

**PERSONAL AND PROFESSIONAL BACKGROUND (Give as much information about you as possible)**

|  |  |
| --- | --- |
| **Do you have any experience of participating in projects in the framework of the Youth in Action Programme? (Explain)****What is your experience in the youth work?** |  |
| **Please describe your knowledge and experience about VOLUNTEERISM.** |  |
| **What is your motivation to join this training course?** **What expectations do you have and how can you contribute?** |  |

**SPECIAL NEEDS, EMERGENCIES, CONDITIONS**

|  |  |
| --- | --- |
| **Special Needs or Requirements:****(**Please write if you require any special arrangements or if there are things we need to be aware of (vegetarian, allergetic etc.) |  |
| **Emergency contact person**(Please indicate the name and full contact details of a person to be contacted in case of emergency during the training course) | *Name* |  |
| *Address* |  |
| *Phone* |  |
| *E-mail* |  |

**Please take note of the following conditions that will apply as you send this application form and will take part in the TC “Leave Your Mark”:**

1. I have read carefully information regarding the training course and am aware about the conditions of participation
2. 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.
3. I commit myself to participate in the whole process, including:
* to take part in the full duration of the training course;
* to participate in the whole evaluation process.

Please enter the date and tick the box below if you agree all the financial and technical conditions and requirements stated above!

Date:



Please save the completed application form and send it to the following email address: Besik@RSFGeorgia.ge

**Deadline: June 1, 2014**