**APPLICATION FORM For Stand Up/Stand Out**

To be held in the South of Ireland from Saturday the 20th of June to Saturday the 27th of June 2015

(20st Arrival Day – 27th Departure Day)

If you are interested in becoming a participant on this training please complete the application form before the 17 th of March 2015

Please send completed form to irene.capozzi@ceipes.org

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| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Surname:** |  | | | |
| **Date of birth** (DD/MM/YYYY)**:** |  | | | |
| **Place of Birth:** |  | | | |
| **Gender:** |  | | | |
| **Address:** |  | | | |
| **City:** |  | | | |
| **Country:** |  | | | |
| **Phone:** |  | | | |
| **Email:** |  | | | |
| **Please indicate your level of English:** | **🞏**  **average** | **🞏**  **very good** | **🞏**  **fluent** | |
| **Name of your organization** | **CEIPES** | | | |
| **Type of organisation** | **🞏 governmental** | **x**  **non-governmental** | | **🞏**  **other** |
| **Address of your organization** (country\*, city, phone, fax, phone, e-mail and web): | ​  Address: Via G. La Farina, 21 - 90141 Palermo, Italia C.F. 97222420826  Tel.: +39 091 7848 236 | Fax.: +39 091 6197 543 [PEC:ceipes@pec.it](mailto:PEC%3Aceipes@pec.it)  Facebook: [facebook.com/CEIPES|](http://facebook.com/CEIPES%7C) Youtube: [youtube.com/ceipes](http://youtube.com/ceipes)  Twitter: [twitter.com/CeipesEurope](http://twitter.com/CeipesEurope) | Skype: ceipes\_network | Web: [www.ceipes.org](http://www.ceipes.org/) | | | |
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| **What is your motivation to participate in this training?** |
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| **Tell us a little about how the topic impacts your life and some of the challenges you face?** |
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| **What are some of the challenges LGBT young people face in your country?** |
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| **What kind of experience do you have regarding working with young people? Particularly young people who are LGBT.** |
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| **What can you contribute to this training?** |
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| **What do you want to gain from this Training course (please give us the 3 most important outcomes of this training for you personally):** |
| **1.**  **2.**  **3.** |
| **How do you plan to use the knowledge gained during this training course (please be specific)?** |
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| **Have you participated in an international training before?** |
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| **What is your experience with Erasmus + youth or YiA? Have you led or participated in any projects?** |
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| **Do you have any special requirements (mobility, medical conditions, accommodations, dietary, restrictions etc.)?** |
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| **Any other comments?** |
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