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| ***Attach***  ***your***  ***photo***  ***here!*** | | Name |  |
| Surname |  |
| Sex |  |
| Place and  Date of Birth |  |
| Address |  |
| Nationality |  |
| Telephone |  |
| E-mail |  |
| Skype |  |
| ID Card / Passport No. |  |
| Expiration date |  |
| *Please, fill all the boxes!* | | | |
| Few words about your academic background. | | | |
|  | | | |
| Few words about your profession and/or your volunteering activities. | | | |
|  | | | |
| Do you have any experience in one or some of the topics covered by this training? | | | |
|  | | | |
| Have you ever participated in a similar course (Youth in action training courses or other non formal education programmes)? If yes, please provide some details. | | | |
|  | | | |
| Do you think is there any relation between inclusion and active citizenship? Please share your thoughts on this regard. | | | |
|  | | | |
| What could be your contribution for the success of the Training course? | | | |
|  | | | |
| Please, tell us one of your favourites famous quotes! | | | |
|  | | | |
| Which are your hobbies? | | | |
|  | | | |
| SPECIAL NEEDS: Do you have any allergies, diet restrictions, disabilities or disease which we should be aware of in order to be able to provide you the best work conditions? | | | |
|  | | | |
| **Emergency Contact** | | | |
| Name |  | | |
| Relationship |  | | |
| Address |  | | |
| E-mail |  | | |
| Telephone |  | | |
| *Thank you!*  *We are waiting for you in Lisbon! ☺* | | | |