**Elist European Learning Innovation for Sustainable Training**

**Transnational Training on Entrepreneurial Competences**

**23rd – 27th November 2015**

**Bisceglie, ITALY**

**APPLICATION FORM**

**Please, complete and send to the partner responsible for the selection in your country:**

**Austria**: E.N.T.E.R. GMBH [petra.kampf@enter-network.eu](mailto:petra.kampf@enter-network.eu)

**Bulgaria**: Association Generations [generationsbg@abv.bg](mailto:generationsbg@abv.bg)

**Greece**: ACADEMY OF ENTREPRENEURSHIP ASTIKIETAIRA [research@akep.eu](mailto:research@akep.eu)

**Portugal**: ALDEIA LUSOFONA [lindarncampos@gmail.com](mailto:lindarncampos@gmail.com)

**Spain**: Fundacion Docete Omnes [europa@doceteomnes.com](mailto:europa@doceteomnes.com)

**1. PERSONAL INFORMATION**

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number including country code (Ex +39 0803548967) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. YOUR MOTIVATION AND EXPERIENCE**

Why do you want to take part in this training course?

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Describe briefly if you have any experience working with Youth as trainer/facilitator, group leader, youth worker or other, or your plans for a future in this field

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How do you plan to apply in your youth organization or in your work in youth field the skills you will learn during this training course?

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**3. OTHER INFORMATION**

Dietary or special needs

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Any other information that would make you feel more comfortable with us and the group: Is there any element regarding your health, mobility, physical or psychological condition that you think could be relevant for us to know? This information will be treated confidentially and does not affect the selection process.

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**DECLARATION**

Please take note of the following conditions that will apply if you are selected to take part in the training course. 1. I commit myself to participate in the whole process, including: • to prepare myself carefully for the training course • to take part in the full duration of the training course and the evaluation process 2. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health. Arranging a health insurance for myself for the duration of the training course is my own responsibility. 3. I agree with the participation fee and the conditions on travel expenses and reimbursement, as described in the invitation pack.

YES NO

*Date, place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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