**APPLICATION FORM**

**ELIST - European Learning Innovation for Sustainable Training**

**Transnational Training III on Multiplication**

**20th – 24th June 2016**

**Costa da Caparica, PORTUGAL**

A training event under the umbrella of project ELIST, co-funded by the programme ERASMUS+ of the European Union

Project “ELIST European Learning Innovation for Sustainable Training”

Project reference -2014-1-IT02-KA204-003644

**Kindly complete this form and send it to your respective country referent at:**

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

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

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Turkey: TRAKYA UNIVERSITY [muratyorulmaz2288@hotmail.com](mailto:muratyorulmaz2288@hotmail.com)

**1. PERSONAL INFORMATION**

Name and Surname\*:

Country of residence\*:

Gender\*: Male Female

Date of birth\*:

Email address\*:

Mobile phone number (including country code)\*:

Other phone number (optional):

Skype alias (optional):

**\* Compulsory**

**2. YOUR MOTIVATION AND EXPERIENCE**

**Why do you want to take part in the ELIST Training Course for Multipliers (TCM)?**

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**Describe briefly if you have any experience working with individuals as trainer/facilitator, group leader, youth worker or similar profile, or your plans for a future in this field.**

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**How do you plan to practice the competences you will learn during ELIST TCM in your community or organisation or in your field of work globally?**

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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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**4. DECLARATION**

**Please take note of the following conditions that will apply if you are selected to take part in the training course.**

**I commit myself** to participate in all the sessions of the TCM, including:

1. to prepare myself carefully for the training course;
2. to take part in the full duration of the training course including the evaluation process from the first to the last session.

**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.

**I agree with the participation fee** and the conditions on travel expenses and reimbursement, as described in the **Call for Participant**.

YES NO

Date, place

**Signature:**

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