

Application for participation

**Please send the application form in Word document format to the following email address:
info.zoldaktiv@gmail.com**

ABOUT THE PROGRAMME	
Title:	‘European dimension of youth social work’project
Project ID:	2015-1-HU02-KA105-000823
Place:	Orfű, Hungary
Date:	23.08.2015-30.08.2015
Organizer /Lead Beneficiary:	Green Active Social Enterprise (Zöld-Aktív Szociális Szövetkezet, www.zoldaktiv.hu) (HU)
Legal address/ official registered address of the LB:	7677 Orfű, Dollár u. 1. , Hungary
Office/ mailing address:	7625 Pécs, Vince u. 9/2., Hungary
Participation fee*:	No Participation fee. Participants will have to cover their occurrent spending money.

** This project is financed by the Erasmus+ Youth Mobility Programme. Being selected for this project, all costs (accommodation, travel, programs, etc.) relevant to participation in the project will be covered by the Organizer/Lead Beneficiary.
This project is funded by the European Union.*

All fields are required!

PERSONAL DATA	
Name of participant: (as shown in the passport / identity card):	
Permanent address:	
Address you wish to receive letters:	
Phone you wish to be contacted:	
Primary email to contact me:	
Date of birth & place:	
Nationality:	
Qualification:	
Profession/job:	

The type of your travel document (please mark which you want to use) :	
<input type="checkbox"/> passport	
<input type="checkbox"/> identity card	
No. of this document:	
Expiration:	

YOUR ENGLISH SKILLS ARE:					
Fluent	Good	Satisfactory	Basic		

Specify any food requirements that you have (vegetarian, etc.). Otherwise leave blank. <i>(optional)</i>
Specify any special needs (medical condition, etc.). Otherwise leave blank. <i>(optional)</i>

Please describe your motivation to take part in the summer camp: (such as: <i>building relationships with young people abroad, learning, career guidance, searching for research topics, etc.</i>)

WHO CAN APPLY?
<ul style="list-style-type: none">• Young people aged 18-30 (preferred 18-26).• Basic skills in English at a minimum

Mik kell vállalniuk a résztvevőknek?
The participant agrees to fill the Organizer's questionnaire within 48 hours after the programme.

By submitting this application form I agree to the following terms and conditions;
I agree that the information in this application is correct and sincere and that I will inform the Organizer of any change in my application/participation immediately. I know that I am responsible for my own wellbeing (including; travel to Orfű, Hungary, health and insurance) and that by providing the above information on special needs does not remove my responsibility for my own health and safety. I participate in the full duration of the summer camp. If my behaviour, participation or engagement in this programme is not acceptable to the Organizers I accept I will be asked to leave immediately.

Date:

Signature: