**APPLICATION FORM for “SAFE project 2 - sexual safety standards in youth work” (SAFE 2) training course**

**Venue: Bystrzyckie Mountains, southern Poland (http://www.wataszka.com/)**

A five day training will be held in Poland from 21st to 27th of October 2018.

(Travel days 21st and 27th of October 2018)

If you are interested in becoming a participant on this training please complete the application form & send to david.pesado@fgua.es asap or at latest by 16st of September 2018

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Surname:** |  | | | |
| **Date of birth** (DD/MM/YYYY)**:** |  | | | |
| **Place of Birth:** |  | | | |
| **Gender: male/female/non binary** |  | | | |
| **Address:** |  | | | |
| **City:** |  | | | |
| **Country:** |  | | | |
| **Phone:** |  | | | |
| **Email:** |  | | | |
| **Please indicate your level of English:** | ****  **average** | | ****  **very good** | |
| **Mother tongue** |  | | | |
| **Other languages** |  |  | | |
| **Name and webpage of your organization (if you have one)** |  | | | |
| **Passport number** |  | | | |
| **How are you involved in youthwork? (Please specify how long, in what context – professional or voluntarily)** | | | |
|  | | | |
| **Are you involved in any way in sexual education, anti-discrimination, feminist, empowerment activities? Please describe.** | | | |
|  | | | |
| **What is your motivation to take part in this training?** | | | |
|  | | | |
| **What can you contribute to this training?** | | | |
|  | | | |
| **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!!!)?** | | | |
|  | | | |
| **Have you participated in an international training before? What kind?** | | | |
|  | | | |
| **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.)?** | | | |
|  | | | |
| **Any other comments that will help us?** | | | |
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