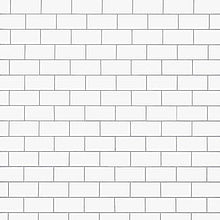
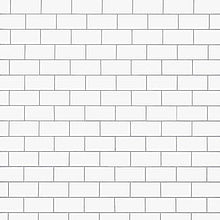
**Every wall is a door**

**Inclusion and employability for youth with fewer opportunities**

**Kalamata, 07-14 December 2014**

**Participant’s form**

|  |
| --- |
| **Contact details:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | |  | | | | | | | | | |  | PHOTO | | |
| Surname: | |  | | | | | | | | | |
| Address: | |  | | | | | | | Nr: | |  |
| City: | |  | | | Postal code | | |  | | | |
| Region*:* | |  | | Country: | | |  | | | | |
| Telephone:  *(With prefix)* | |  | | | | | | | | | |
| Mobile:  *(With prefix)* | |  | | | | | | | | | |
| E-mail: | |  | | | | | | | | | |  | | |
|  | |  | | | | | | | | | |  |  | | |
| **Personal Data** | |  | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | |
| Nationality: | | | | | | | | | Gender: 🞐 Male 🞐Female | | | | | | |
| Do you have any allergies? 🞐YES 🞐NO  If yes, specify: | | | | | | | | | | | | | | | |
| Do you have any particular dietary needs? (vegetarian, vegan, no pork, Other) 🞐YES 🞐NO  If yes, specify: | | | | | | | | | | | | | | | |
| Have you already been abroad? 🞐YES 🞐NO  If yes, WHERE?  For how long? 🞐< 3 MONTHS 🞐< 6 MONTHS 🞐< 1 YEAR 🞐> 1 YEAR | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | | | | | | | |
| Name and Surname: | | | | | | | | | | | | | | | |
| Full Address: | | | | | | | | | | | | | | | |
| telephone: mobile: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **language ability** | | | | | | | | | | | | | | | |
| L**anguage** |  | | B**asic** | | | **Intermediate** | | | | **Good** | | | | **Fluent** | **Mother tongue** |
| **English** |  | |  | | |  | | | |  | | | |  |  |
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| **YOUR ORGANISATION (WHICH ORGANISATION ARE YOU REPRESENTING?MAIN ACTIVITIES OF YOUR ORGANISATION)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **WHAT IS YOUR ROLE IN THE ORGANISATION?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **please Describe your previous experience in formal and/or non-formal education. which non-formal education methods (if any) have you used in your work with youth?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please describe your motivation to participate in this seminar** | | | | | | | | | | | | | | | |
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| **HOW DO YOU THINK YOU CAN CONTRIBUTE TO THIS PROJECT’S AIMS AND OBJECTIVES?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **DO YOU HAVE ANY OTHER COMMENTS?** | | | | | | | | | | | | | | | |
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Please fill in and send this form to [fotini@ngokane.org](mailto:fotini@ngokane.org) by the **15th of October 2014.**

**THANK YOU FOR YOUR TIME!**