

**APPLICATION FORM**

**International contact making seminar and training course “Town Twinning Exchanges”**

**23-25 October 2012, Postojna, Slovenia**

**PERSONAL INFORMATION**

Country

First name

Last name

Year of birth

Gender

Nationality

Organisation

Address

Phone

Mobile

Fax

www

E-mail

**BASIC INFO**

I am capable of working in English language. *(Please indicate!)*

Yes No

**INFORMATION ABOUT YOU**

Name of your organisation:

Adress of your organisation:

Your municipality:

Your country:

Which actions of the Youth in Action programme you are familiar with?

Your twinned municipalities (list as many as you can together with countries):

**INFORMATION ABOUT YOUR PARTNER**

Name of your partner's organisation:

Address of your partner's organisation:

Your partner's municipality:

Your partner's country:

Which actions of the Youth in Action programme are they familiar with?

**MOTIVATION & EXPECTATIONS**

*(I applied because .... and I expect ....)*

**DISCLAIMERS**

* I commit myself to participate in the whole process of this seminar, including any preparation needed prior to the seminar and active participation in the seminar itself.
* I am aware that obtaining a health and a full travel insurance is my own responsibility and at my own expense. (Please inform your insurance that you will take a trip abroad.) I understand that the information I provided on myspecial needs does not remove my own responsibility for my health.
* I authorise the organisers and the European Commission to publish, in whatever form and by whatever medium, including the Internet, my correspondence address, information about my organisation and work and photos taken at the seminar.

By submitting this form, you agree with the above mentioned statements.