





Experience Yourself!

APPLICATION FORM

Training course (3.1)

"Live yourself - Experience others"

Arezzo, Italy, 28 September - 4 October, 2014.

Personal information										
First name										
Surname										
Date of birth										
Age										
Gender										
E-mail address										
Home address								Country		
Mobile phone										
English abilities (good English speaking skills is a must to participate in this training)		Very poor		Limited		Average		Good		Fluent

Part II

Please take your time and answer the following questions. They are of a great importance so we can select the most motivated participants for the topic and put the final touches on the programme and content with your needs in mind.

Describe yourself (what do you do, what are your hobbies, your character, etc.)

What are your expectations towards this training? What would you like to learn and experience?

What is your motivation to attend this training (personally and professionally)?

What other similar experiences you had before (trainings, exchanges, summer camps)?

Share some of your thoughts on effective communication and conflict resolution.

What do you do in your life to keep your heart in peace?

Part III

Please let us know if you will have any practical requirements, such as special dietary needs (vegetarian, no pork meat etc.) or any disability arrangements?

Please indicate us the name and full contact details of a person to be contacted in case of emergency during the training course					
Name					
Complete address					
Phone number					
e-mail					

Please take note of the following conditions that will apply if you are selected to participate in the training:

- 1. I commit myself to participate in the whole process, including:
 - to prepare for the national evening
 - to take part in the full duration of the training
- 2. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.

We look forward to your reply!

For inquiries or additional information, please contact us:

E-mail: livetheotherexperienceyourself@gmail.com