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| ***REGISTRATION FORM*****“Me & Migration –** **from the perspective of workcamp organisations”*****18.-23.10.2016*** ***(Arrival 18th of October / Departure 23rd)*** |

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| **Personal Details** |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **EMAIL** |  |
| **TELEPHONE** |  |
| **HOME ADDRESS** |  |
| **GENDER**  | Please select one: 🞏 **female** 🞏 **male** 🞏 **other** |
| **LANGUAGES** |  |
| **In case you need a visa please indicate:**  |
| **PASSPORT****DETAILS** | **Nationality**  |  |
| **Number** |  |
| **Place Issued** |  |
| **Date Issued** |  |
| **Expiry Date**  |  |
|  |  |  |
| **Sending Organisation** |
| **NAME** |  |
|  |
| **Travel Information (Arrival/Departure/Costs)**  |
| Please provide us with your planned arrival and departure dates and your estimated travel costs |
| **Motivation, Need, Knowledge** |
| * Please describe your **role/position** in your organisation:
* What **expectations** do you have towards this seminar?
* How have you been **involved** in the previous “Me&Migration” activities and/or other projects/activities of your organisation linked to the topics of refugees or migration?
* Any other comments?
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| **Special Needs, Emergencies, Conditions** |
| **Special Needs or Requirements:**Please let us know if you require any special arrangements or if there are things we need to be aware of .(e.g. allergies, special diets,...)I allow IBG to publish pictures taken and related to the training course on their website and for promotional professional material YES NO |
| **CONTACT****We look forward to your early reply. For inquiries and additional information, please contact****info@ibg-workcamps.org** **| Tel: 0049 – 711 649 02 63** |