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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? | | |
| **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**](mailto:info@ibg-workcamps.org) **| Tel: 0049 – 711 649 02 63** | | |