**APPLICATION FORM FOR EUROPEAN TRAINING**

**I’ve been to the mountain top**

**From 3rd to 14th of august**

**Eaux-bonnes, France**

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| --- | --- |
| **Name/surname** |  |
| **Date of birth** |  | **Nationality** |  |
| **Personal address** |  | Postal Code: |
| City: | Country: |
| **e-mail** |  | **Phone number** |  |
| **Sex** |  |
| **Languages** |  |
| **Emergency Contact** | Name: | Phone: |
| **Passport number****(in case a visa is needed)** |  |
| **Date of issue** |  | **Expiration date** |  |

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| --- |
| **Motivation to participate in this project** |
|  |
| **Participation on similar courses** |
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| **Regarding the thematic of the project, is there any tools or experiences you would like to share with the rest of the participants during the training course? This could help us to finalize the planning and to prepare your participation in the project.** |
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| **Special needs (health, diet, allergies…)** |
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