



**ERASMUS+ PROGRAMME   
Key action 1 - Learning Mobility of Individuals**

**BABEL**

**Youth Work and Innovative Methods**

**YOUTH EXCHANGE 2**  
  
**16th-23rd March 2022 (8 days)**

**(15thof March 2022: arrival day - 24thof March 2022: departure day)**

**Hostel of Sermugnano - Castiglione in Teverina (VT), ITALY**

Please return this form, within the **15/02/2022**

to: **scambi@lunaria.org**

| **I CONFIRM THAT I HAVE READ LUNARIA** [**PRIVACY POLICY**](https://www.lunaria.org/wp-content/uploads/2018/06/privacy_gdpr-1.pdf) **□**  **THIS IS A REQUIRED QUESTION** |
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| **SENDING ORGANIZATION:** |
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| **FIRST NAME:** |
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| **SURNAME:** |
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| **GENDER: □ Male □ Female □ Other** |
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| **DATE OF BIRTH:** |
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| **PLACE OF BIRTH (town, country):** |
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| **RESIDENCE ADDRESS (street, town, country):** |
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| **TELEPHONE:** |
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| **E-MAIL:** |
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| **EMERGENCY CONTACT:**  **Name: Surname: Telephone:** |
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| **SPECIAL NEEDS (OR HEALTH REMARKS):**  **THIS IS A REQUIRED QUESTION** |
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| **COVID-19 VACCINE and EU DIGITAL COVID CERTIFICATION:**  □ **2° dose. Please indicate the date of your 2° dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** □ **3° dose booster. Please indicate the date of your 3° dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  □ **Recovered from Covid-19 (only valid if you have recovered from less than 180 days). Please indicate the date shown in your EU DIGITAL COVID CERTIFICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For more information regarding Covid-19 and travel, please check the** [**Italian Ministry of Health**](https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=english&id=5412&area=nuovoCoronavirus&menu=vuoto)**.**  **THIS IS A REQUIRED QUESTION** |
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| **CITY OF DEPARTURE**  **Please, specify the city, and the nearest airport, from where you will start your travel to join the project:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CITY OF RETURN (only if different from the city of departure)**  **Please, specify the city, and the nearest airport, where you will return after the project:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **THIS IS A REQUIRED QUESTION** |
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| **DIETARY NEEDS:** (intolerances, restrictions, allergies) please specify□ **No extra requests** □ **Vegan** □ **Vegetarian** □ **Lactose free** □ **Gluten free** □ **No pork** □ **No fish** □ **No alcohol  Other:  THIS IS A REQUIRED QUESTION** |
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| **PAST EXPERIENCES:** |
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| **WHAT IS YOUR MOTIVATION TO TAKE PART IN THIS PROJECT?:** |
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| **WHAT ARE YOUR EXPECTATIONS TOWARDS THE YOUTH EXCHANGE?:** |
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