



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

**Let’s become green European citizens**

**YOUTH EXCHANGE**   
  
**01h-22th AUGUST 2022**

**« L a Maison des**

**Bateleurs » , association of the Fr ench movement**

**Solidarités J eunesses (17130 – Montendre , Nouvelle -**

**Aquitaine , France**

Please return this form, within the 3**1/05/2022**

to: **scambi@lunaria.org**

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| **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 https://www.viaggiaresicuri.it/country/FRA**  **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 ARE YOUR EXPECTATIONS TOWARDS THE YOUTH EXCHANGE?:** |