



**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**

|  |
| --- |
| **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** |

|  |
| --- |
| **SENDING ORGANIZATION:** |

|  |
| --- |
| **FIRST NAME:**  |

|  |
| --- |
| **SURNAME:**  |

|  |
| --- |
| **GENDER: □ Male □ Female □ Other** |

|  |
| --- |
| **DATE OF BIRTH:**  |

|  |
| --- |
| **PLACE OF BIRTH (town, country):** |

|  |
| --- |
| **RESIDENCE ADDRESS (street, town, country):** |

|  |
| --- |
| **TELEPHONE:** |

|  |
| --- |
| **E-MAIL:**  |

|  |
| --- |
| **EMERGENCY CONTACT:** **Name: Surname: Telephone:**  |

|  |
| --- |
| **SPECIAL NEEDS (OR HEALTH REMARKS):****THIS IS A REQUIRED QUESTION** |

|  |
| --- |
| **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** |

|  |
| --- |
| **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** |

|  |
| --- |
| **DIETARY NEEDS:** (intolerances, restrictions, allergies) please specify□ **No extra requests**□ **Vegan**□ **Vegetarian**□ **Lactose free**□ **Gluten free**□ **No pork****□ No fish**□ **No alcoholOther:THIS IS A REQUIRED QUESTION** |

|  |
| --- |
| **PAST EXPERIENCES:** .  |

|  |
| --- |
| **WHAT ARE YOUR EXPECTATIONS TOWARDS THE YOUTH EXCHANGE?:**  |