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**PARTICIPANT APPLICATION FORM**

**TRAINING COURSE**

**Stay Healthier Outside**

**07-14 NOVEMBER 2016**

**Bari, Italy**

****

**Project hosted by SOF under Erasmus+ programme**

**Part I**

|  |
| --- |
| **A. Personal details** |
| **Name and surname:** |  |
| **Gender (Male / Female):** |  |
| **Date of birth:** |  |
| **Profession / occupation:** |  |
| **City and country of residence:** |  |
| **Special needs (e.g. food, disability, others, please specify):** |  |
|  |
| **B. Contact details** |
| **Address:** |  |
| **E-mail:** |  |
| **Mobile telephone:** |  |
| **Facebook / Twitter link:** |  |

### Part II

|  |
| --- |
| **What is your personal / professional experience in relation to the theme of the project?** |
|  |
| **What previous Council of Europe, Youth in Action, Erasmus + or any other international youth activities have you attended? Please specify the name and the dates of the activities.** |
|  |
| **What is your motivation to attend this experience?** |
|  |

**Please write your possible travel itinerary**

|  |  |
| --- | --- |
| **Country:** |  |
| **Travelling from (name of city):** |  |

|  |  |
| --- | --- |
| **Date and time of arrival:** |  |
| **Airline:** |  |
| **Arrival airport:** |  |
| **Departure time (flight):** |  |
| **Departure time-point (train station/bus station):** |  |
| **Notes:** |
|  |

**Submit to your sending organization.**

**Participating organisation and contacts**

**SOF ITALY, ITALY *(APPLICANT)***

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