TC “Out of Box”

Lithuania, 20—28th September 2013

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| **First name:** |  |
| **Last name:** |  |
| **Gender:** |  |
| **Country of Residence:** |  |
| **Email to contact me:** |  |
| **Phone number** |  |
| **Identification number (personal code)** |  |
| **Facebook profile link****(this is important to make group in FB before project)** |  |

**Bank information needed for bank transfer to reimburse money:**

|  |  |
| --- | --- |
| **Account Number** |  |
| **Bank Name** |  |
| **Bank Address** |  |
| **Bank Code** |  |

Motivation

**What is your motivation for attending “Out of Box”?**

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**What do you expect from “Out of Box”?**

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**Please provide some further information on your Youth in Action experience (optional)**

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Practicalities

**Your English skills are (Underline your choice):**

1. **Very Good**
2. **Sufficient**
3. **Sometimes I have problems**

**Date of birth (DD/MM/YY)**

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**Do you have any special needs? (Diet (for example: Vegetarian, vegan), mobility, medical conditions etc.)**

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**I am aware that obtaining a health and full travel insurance are on my own responsibility and at my own expenses.**

**YES**

**I agree to the publication by Youth in Action of photo, audio and video of me taken during the training course (Underline your choice)**

1. **YES**
2. **NO**

Emergency contact details

**Please provide the name and contact details of the person to be contacted in case of emergency. *(optional)***

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Other comments

**Please write down any important comments or questions you have concerning the training course. *(optional)***

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