**APPLICATION FORM**

**Youth Exchange „Human Libraries“  
11.06.2021 – 18.06.2021  
Plovdiv, Bulgaria**

Please complete this form in English and sent to [info@ozstrumica.org.mk](mailto:info@ozstrumica.org.mk)

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| **PERSONAL DETAILS** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and current address of the participant | | | | | | | |
| Name | |  | | Surname |  | | |
| Street address | |  | | | | | |
| Postcode | |  | | City |  | | |
| Country |  | |
| Phone number | |  | | E-mail |  | | |
|  | | | | | | | |
| Personal details | | | | | | | |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | Gender | female | male | other |
| |  | | --- | | **Nationality** | |  | | | | | | | | |
| Special needs | | | | | | | |
| Do you have any special needs (diets, food allergies, vegetarian/vegan etc.)? | | | | | | | |
|  | | | | | | | |
| Emergency contact | | | | | | | |
| Please provide contact details of a person who can be contacted in case of an emergency. | | | | | | | |
| Name | |  | | Surname |  | | |
| Phone number | |  | | | | | |
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| **EXPERIENCE & MOTIVATION** |

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| Previous experience |
| What is your experience in participating in and organizing local, national or international youth projects/campaigns? |
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| Motivation |
| Why do you want to participate in this training course? |
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| Benefit |
| How will you benefit from participating in it? |
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**ERIENCE & MOTIVATION**

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| Please describe the terms in your own words:   1. Discrimination: 2. Prejudices: 3. Hate speech: |

**Deadline: 27 May 2021**