**APPLICATION FORM For Empowering U training course**

To be held in the South of Ireland from Thursday the 4th of August to Saturday the 11th of August 2017

(Thursday 3st August - Arrival Day –Sat, 12th August - Departure Day)

If you are interested in becoming a participant on this training please complete the application form & send to [dquinlan6@gmail.com](mailto:dquinlan6@gmail.com) asap or at latest by 26th May 2017

For any further info contact host: dquinlan6@gmail.com

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Surname:** |  | | |
| **Date of birth** (DD/MM/YYYY)**:** |  | | |
| **Place of Birth:** |  | | |
| **Gender:male/female/** |  | | |
| **Address:** |  | | |
| **City:** |  | | |
| **Country:** |  | | |
| **Phone:** |  | | |
| **Email:** |  | | |
| **Please indicate your level of English:** | **🞏**  **average** | **🞏**  **very good** | **🞏**  **fluent** |
| **Name of your organization (if you have one)** |  | | |
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| **What is your motivation to participate in this training?** |
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| **Tell us a little about how the topic impacts your life and those around you?** |
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| **What are some of the challenges young people face in your country around mental health?** |
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| **What kind of experience do you have regarding working with young people?** |
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| **What can you contribute to this training?** |
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| **What do you want to gain from this Training course (please give us the 3 most important outcomes of this training for you personally):** |
| **1.**  **2.**  **3.** |
| **How do you plan to use the knowledge gained during this training course (please be specific)?** |
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| **Have you participated in an international training before?** |
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| **What is your experience with Erasmus + youth or YiA? Have you led or participated in any projects?** |
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| **Do you have any special requirements (mobility, medical conditions, accommodations, dietary, restrictions etc.)?** |
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| **Any other comments that will help us?** |
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