**Application Form – plural perspective**

**Please return this application form completed**

**not later than 31st January 2024**

**Personal Data**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | | | |
| **Male/Female** |  | | | **Age** | | |  | |
| **City** |  | | | **Country** | | |  | |
| **Mobile no.** |  | | | **Do you need visa?** | | |  | |
| **E-mail** |  | | |
| **Level of English**  (Please mark with X) | ***Speaking*** | ***Reading*** | | | ***Writing*** | | |
| **Very good** | | **Very good** | | | **Very good** | |
| **Good** | | **Good** | | | **Good** | |
| **Basic** | | **Basic** | | | **Basic** | |

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| **What is your role in the organisation? If none, are you active in another organisation?** |
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**Experience**

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| **What is your main working experience and knowledge in relation to the project topic?**  (Please list all experiences you consider relevant to this application) |
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| **Have you participated in international trainings before?**  (Please list all experiences you consider relevant to this application) |
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| **Please share with us your opinion on the spread of intolerance and discrimination and their impact on our society.**  (Please be as detailed as possible) |
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| **What are the main competences you would like to gain/improve in this training course?** |
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| **What are the 3 most attractive aspect of this training course for you?** |
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| **How do you plan to use the learning gained during this training course (please be specific)?** |
|  |
| **Describe what can be your contribution in the training, in terms of your experience, knowledge and skills?** |
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| **Anything else you would like to tell us?** |
|  |

**Please take note of the following conditions that will apply if you are selected to take part in the training:**

* 1. I commit myself to participate in the whole process, including: to prepare myself carefully for the training course; to do all remote preparation work; to take part in the full duration of the TC in each activity; to participate in the whole evaluation process.
* 2. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.
* 4. I commit to respect the deadline arranging the travel tickets to Bucharest.
* 5. Photos and videos that will be taken in various activities of the training, therefore I agree to provide the permission to publish videos and pictures in any social media and website without any royalty fee.
* I authorise the partner NGOs, Romanian National Agency and the European Commissionto collect above personal information, process and store them on the duration of the project according to the Regulation 2016/679 of European Parliament and the Council on 27 April 2016, regarding the protection and processing of data with personal character and free movement of these data, repeal of Directive 95/46/CE (General Data Policy Regulation– GDPR).