

Youth exchange “Youth Tolerance Squads” 20 August – 29 August 2021

Information about the candidate

1. First name:.....
2. Last name:.....
3. Gender:.....
4. Nationality:.....
5. Date of birth:.....
6. E-mail:.....
7. Phone number:.....
8. Address:.....
9. Emergency contact person:

/Name, surname/

*/Phone number
with included country code/*

Application form

Please mark the statement that is valid for you.

№:	Question:	Answer:		
		Low	Middle	High
10.	Rate your level of English language:			
11.	Do you have any previous experience in the field of non-formal education or projects?	YES		NO
12.	Do you have any food requirements (vegetarian, allergies, ect)? If yes, what?			
	YES			NO
13.	Have you felt socially isolated in the last year?	YES	NO	
14.	Is there convenient transportation from your home to places where you can practise sports and communicate in a social environment?	YES	NO	
15.	Are you a member of a minority group?	YES	NO	
16.	Do you need to be provided transport from your place of residence to the place of departure to the town of Kiten and your return after the end of the exchange?	YES	NO	

№:	Question:	Answer:	
17.	Do you consider yourself economically disadvantaged?	YES NO	
18.	Do you have a degree of disability? If yes, do you need an assistant immediate service?	YES NO	
		YES	NO
19.	Have you expressed aggression towards anyone?	YES NO	
20.	Have you been an object of aggression?	YES NO	
21.	Do you maintain your physical activity regularly?	YES NO	
22.	Do you want to improve your lifestyle?	YES NO	
23.	Do you want to help your peers improve their quality of life?	YES NO	
24.	Do you want to improve your knowledge and skills?	YES NO	
25.	Do you want to work in an intercultural environment?	YES NO	
26.	Would you like to be involved in outdoor sports?	YES NO	

Nº:	Question:	Answer:	
27.	Are you ready for active participation in the project activities?	YES	NO
28.	Do you have allergies or medical problems? If yes, what?		
	YES		
		
		NO	
29.	What is your family's social status is?	LOW	
		MIDDLE	
		HIGH	

Please mark **X** in each box if you agree to the terms of the project you are applying for.

I hereby commit myself to participate in the whole process of this project including remote preparation and the activities that needs to be implemented before and after the Youth Exchange.

I am aware of all the details of this Youth Exchange, including the conditions for application process, my participation and financial details.

By signing this form I allow the Bulgarian association of Taekwon-Do /Personal data administrator/ to process the personal data provided in this form for the purposes of the present project and to use the photos/videos from the event in which I participated for the promotion of the project activities.

I am aware that obtaining a full travel insurance is 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.

Accommodation/subsistence cost of each participant will be paid by hosting organization and with the present application, the participant confirms his/her ability to participate in the mobility in the mentioned period. If in any case the participant cannot travel with the group, he/she has to return to the hosting organization all occurred costs for his/her participation.

„Youth Tolerance Squads“, Project № 2020-3-BG01-KA105-094789

- I have informed about all food requirements that I have (food allergies, preferences, etc.) or any special needs (mobility, medical condition, etc.)
- I am providing my personal data willingly to the sending and hosting organizations and allowing them to use the personal data in all needed project means.
- I am allowing the the sending and hosting organization to make pictures of myself during the project activities and to use those pictures for project dissemination and visibility.
- With filling this form I am accepting all the conditions of the mobility I am applying to and I am committed to follow the Erasmus+ Programme rules.
- I will comply with all current COVID-19 requirement before, during and after the mobility and if testing or other action is needed for my participation, I will ensure that all needed actions are accomplished at my own expenses.

Candidate:.....

/Name, surname/

.....
/Signature/

Parent of a candidate:.....

(under 18 years of age)

/Name, surname/

.....
/Signature/

.....
/Date/

.....
/Place/