

Ecumenical Youth Council in Europe aisbl



APPLICATION FORM

1. APPLICANT'S PERSONAL DATA

Surname(s) (as in passport):

First name(s) (as in passport):

Street address:

Postal code:

Town:

Country:

Please provide at least one telephone number or one e-mail address where you can be reached for quick communication.

Telephone:

E-mail:

Gender (M/F):

Date of birth (day/month/year):

Place of Birth:

Profession or Occupation (if student, which field):

Denomination:

Sending organisation, if any (full name):

Contact person in organisation (full name):

E-mail of the contact person:

Endorsement of the sending organisation (Why do you nominate this participant?):

Signature of the contact person:

Ecumenical Youth Council in Europe aisbl | Conseil Œcuménique de la Jeunesse en Europe aisbl

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Phone: +32 2 5106171 – Fax: +32 2 5106172 – E-Mail: general.secretary@eyce.org – Web: www.eyce.org

Bank details: KBC Bank, Argence Marnix – BIC/Swift: KREDBEBB – IBAN: BE30 7340 0440 4011



2. PASSPORT AND VISA

Please indicate if you need visa (Y/N):

If **yes**, please, indicate the name, **address and fax number of the Embassy** to which you will submit the needed documents and **fill in the passport details below**:

Nationality (country issuing your passport):

Passport number:

Date and place of issue:

Passport valid until:

3. LANGUAGES and special needs

The working language of the training course will be English, please indicate the spoken and understood level of your English knowledge (1=poor ... 5= very good):

Do you speak other languages? Which?:

EYCE is aiming to have a low-environmental impact during the training course, therefore we are encouraging the participants to choose vegetarian diet (no meat or fish) during the week.

Please indicate, if you would like to have meat menu nevertheless (Y/N):

Do you have any other meal requirements, please specify (i.e. vegan, allergies, other)? (Y/N):

Do you have any medical conditions you would want us to know about, in order to make your stay safer? If **yes**, please, specify (e.g. diabetes, epilepsy, asthma or other we should know about):

4. MOTIVATION (please use as much space as you need)

1. How will you benefit from this training course?

2. What can you contribute to the success of the training course?

3. Specific thematic question

Date and Place:

Signature of the Applicant: