**Application Form**

Training course on Roma youth participation

and self-organisation in Croatia

27 – 29 November 2017

Zagreb, Croatia

**INFORMATION ON THE APPLICANT**

1. Surname:
2. Name:
3. Which gender do you identify with?

Man  
 Women  
 Other

1. Age:
2. Nationality:
3. Country of residence:
4. Working languages (please specify all your working languages)  
    Croatian   
    English   
    Other:

**CONTACTS - Please note all correspondence will be sent to this address – please ensure it is complete.**

1. Postal Address: COUNTRY:
2. Postal Address: CITY:
3. Postal Address: POSTAL CODE:
4. Postal Address: STREET AND NUMBER:
5. Telephone:
6. Fax:
7. Mobile phone:
8. Email:
9. Do you have any special needs or requirements (e.g. dietary, disability, etc.)?

**INFORMATION ON THE ORGANISATION/INSTITUTION/GROUP**

1. Name of the organisation/institution/group that supports your participation at the training course:
2. Postal address:
3. Telephone:
4. Fax:
5. Email:
6. Internet address:
7. Please describe briefly the aims of your organisation/institution/group, target groups and main activities related to the topic of the seminar:
8. Your organisation/institution/group is…:   
    a Roma international youth organisation or network

an international youth organisation or network   
 a local or national Roma youth organisation  
 a local or regional youth organisation

a governmental organisation  
 a Human Rights organisation

a minority or minority rights organisation  
 a national youth council  
 a formal education institution  
 an informal local group  
 other (please specify):

1. What is your own role/responsibility within your organisation/institution/group?  
    volunteer  
    employee

active member

board member  
 civil servant  
 youth worker

trainer

project officer

manager of projects

other (please specify):

1. Please describe your most relevant experiences in relation to topic of the training (youth participation and self-organisation):

**MOTIVATIONS AND INTEREST** **IN THE TRAINING SEMINAR**

1. What are your expectations about the training course?
2. Why would you like to attend the training course?
3. What do you want to learn from this activity?
4. How do you plan to contribute to the training course: a good practice to share, an experience from a project, a policy initiative, a tool in human rights education, an example of advocacy initiative, etc.? Please describe:

**Follow-up and Implementation**

1. How do you plan to follow-up the training course in relation to securing Roma youth participation and support for the self-organisation of young Roma? How will your organisation/institution/group support you in this process?
2. I am available to attend the full duration of the training course

Yes.  
 No.

**Deadline: 3 November 2017**

Form to be returned to: [denis.durmis@coe.int](mailto:denis.durmis@coe.int)