**Application Form**

Training workshop in non-formal education and youth work with young Roma people in Croatia

22 – 25 November 2017

Marija Bistrica, 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 (education, training, youth work, etc.):

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

1. What are your expectations about the training workshop?
2. Why would you like to attend the training course?

**Follow-up and Implementation**

1. How do you plan to organize follow-up activities after the training workshop in relation to empowerment and participation of Roma youth? 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: 10 November 2017**

Form to be returned to: [maja.brkic@uljppnm.vlada.hr](mailto:maja.brkic@uljppnm.vlada.hr)