**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