APPENDIX

**Application form/Expression of interest**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal detaIls** | | | | | | |
| First name |  | | | | | |
| Last name |  | | | | | |
| Date of birth (dd/mm/yyyy) |  | Nationality |  | | Gender (M/F) |  |
| Permanent address |  | | | | | |
|  | Postal code |  | | | | |
|  | Town |  | | Country |  | |
| Place of work |  | | | | | |
| Address of the employer |  | | | | | |
| Email |  | | | | | |
| Telephone (with country and city codes!) |  | | | | | |
| Mobile |  | | | | | |
| Emergency contact details |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF THE NOMINATING ORGANISATION** | | | | |
| Name of organisation |  | | | |
| Postal address |  | | | |
|  | Zip code |  | | |
|  | City |  | Country |  |
| Email address |  | | | |
| Telephone |  | | | |
| Fax |  | | | |
| Brief info about your organisation (field of work, activities etc.)  What are your **role** and tasks within your organisation? | | | | |

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| Do you have any **special needs or requirements** that the hosting organisation should know about? (E.g. mobility, medical needs, allergies, dietary restrictions) |

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| **DEADLINE – SUNDAY 4 october 2020 MIDNIGHT CET**  **All applications should be sent to**  [youthmobility@coe.int](mailto:youthmobility@coe.int) |