

# KEEP FIT: LEARN, ACT, INSPIRE!

A STUDY VISIT ORGANIZED IN THE CONTEXT OF THE ERASMUS+ PROGRAMME

Tirana, Albania 2-9 November 2020



## APPLICATION FORM

### PERSONAL DETAILS OF PARTICIPANTS

Name: \_\_\_\_\_ Family name: \_\_\_\_\_

Country: \_\_\_\_\_ City/municipality: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

English proficiency: elementary limited working professional native

### IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

What is their role and/or relation to you: \_\_\_\_\_

### INFORMATION ABOUT ORGANISATION

Name of the organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Your position in the organisation: \_\_\_\_\_

Aims of the organization: \_\_\_\_\_

### PROJECT

#### 1 Are you applying to participate in this Study Visit as a:

Youth worker (responsible for management or delivery of programs)

Youth leader (age 18-25)

Other: \_\_\_\_\_

#### 2 Introduce yourself briefly.

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**3 Can the organizers use images (pictures & videos) from the Study Visit in which you will participate (for publications, website,...) ?**

Yes                      No

**4 Do you have any food requirements (vegetarian, allergies etc.)?**

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**5 Do you have any other special needs (mobility, medical, religious etc.)?**

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**6 Your travel details:**

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*The program starts on the 7th of October and finishes on the 14th of October. Before booking please inform us of the possible flights and only book after we have confirmed. Please give us your mode of transport and arrival time in Tirana. Note that if you want to stay more days there is a maximum of two days (before or after) and those days are not covered in terms of food and accommodation.*

**7 What is your motivation to participate in the project?**

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**8 Why do you want to come? What do you hope to gain from it?**

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13 Do you think you would be able to give any workshop session related to the topic? If yes, please describe any idea or activity you would like to develop in this study visit.

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14 Do you have any questions about the Study Visit?

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### AGREEMENTS

*I agree that the information in this application is correct and that I will inform the organizer of any change in my application/participation immediately.*

*I know that I am responsible for my own travel documents and health insurance, and that by providing the above information on special needs I am responsible for my own health and safety.*

*If I do not participate in the full duration of the Study Visit, I will lose my right to travel reimbursement from the project organizers.*

Yes

No

Thank you! We will be in contact soon with more information.

**Signature of applicant:**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_