

VALUE THE DIFFERENCE

Youth Exchange

Poronin - Poland, January 16-24, 2016

Application Form

Young people willing to explore and extract all the possible positive aspects of activities involving visually impaired youngsters, with age 18-30, interested to apply for this mobility are kindly asked to complete this application form. To complete the form, please save it first on your local hard drive, open it using Adobe Reader (<https://get.adobe.com/de/reader/otherversions/>), fill out the form and save it (File->Save as...). Send it as attachment to office@babilontravel.net. Fields labeled * are mandatory.

ONLY COMPLETE APPLICATION FORMS WILL BE TAKEN IN CONSIDERATION!!!

The selection results will be announced on December 21, 2015. Within five days after the results are announced, the selected participants must confirm their participation with a copy of their travel ticket.

PARTICIPANT'S CONTACT INFORMATION

FIRST NAME: *

LAST NAME: *

ADDRESS: *

CITY: *

ZIP: *

COUNTY: *

PHONE: *

EMAIL: *

PERSONAL INFORMATION

GENDER: *

DATE OF BIRTH: *

NATIONALITY: *

ORGANISATION: -----

DISABILITIES:

LEVEL OF ENGLISH

SPEAKING: *

UNDERSTANDING: *

WRITING: *



WHAT IS YOUR MOTIVATION TO PARTICIPATE TO THIS YOUTH EXCHANGE? *

Please send this application form, until 10th of December, 2015, to office@babilontravel.net.