

Application Form. Annex III



From which country are you applying?

Section A - Personal Details

Surname: First Name:

Date of Birth: Nationality:

Passport Number: Passport Expiry Date:

Home Address: (please include the name of the nearest city to you)

Do you know what social economy is? Yes No

Are you able to speak fluent English? Yes No

Telephone Number:

E-mail:

Mobile:

Do you belong to any association or do you take part in activities from any association? Which?

Have you taken part in any international European project before?

Yes No

Give the name of a project or initiative you have participated in

If we needed to contact someone in an emergency whilst you are here in Seville, please provide two names and telephone numbers so we can do so.

Name 1 2

Number 1 2

Are you a vegetarian or do you have any special dietary requirements? - please say what they are.

Section B You are a PLUS

The countries taking part in this initiative belong to the euromediterranean zone: Belgium, Egypt, France, Israel, Italy, Morocco, Portugal, Tunisia, Turkey and Spain. Each partner will choose 4 participants per country together with a person per association to take part in all actions. *You may need more space than this form allows, so please use a separate sheet for your answers to the following questions if needed.*

1. What are your long term goals in life – what do you want to do in the next five/ten years?

2. What experience have you had working as a member of a team so far in your life?

3. How do you follow the actuality in your country? Are you interested in politics?

4. Please explain why you are interested in joining the project PLUS-how do you think you will benefit?

5. How much time could you dedicate to follow the project? Could you be able to follow actively the blog, facebook and other informations?

6. Why do you think we should choose you to participate –what can you offer to make the project a success?

Referees

Please provide the names and contact details of at least one person we may contact who can support your application. These people should not be members of your family, or related to you.

Name

Position Organisation

Phone E-mail

fax

Name

Position Organisation

Phone E-mail

fax

Applicants Signature

Date:.....

Please send the completed form by email :
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