**APPLICATION FORM**

### 1. YOUR MOTIVATION. LA TUA MOTIVAZIONE.

## 1.1. Description of the project. Descrizione del progetto.

**Please, describe, using your own words, how you imagine a typical day will be like in your receiving organization.** **Per favore, descrivi a parole tue, come immagini una giornata tipo presso il tuo ente di accoglienza.**

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**1.2.Your motivation****La tua motivazione**

**Please describe below carefully your motivation for this specific project**. **Per favore, descrivi accuratamente di seguito la tua motivazione per questo progetto specifico.**

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#### 1.3. Knowledge and skills you can share during your EVS experience. Conoscenze e competenze che potresti condividere durante la tua esperienza di SVE.

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#### 1.4. Knowledge and skills you hope to gain during your EVS experience. Conoscenze e competenze che speri di ottenere durante la tua esperienza di SVE.

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#### 1.5. Which challenges do you think you will encounter during your stay abroad? Quali sfide pensi di dover affrontare durante la tua permanenza all'estero?

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**1.6. Please indicate at least 3 of your strengths and do not forget to illustrate them giving an example. Per favore, indica almeno 3 dei tuoi punti di forza e non dimenticare di illustrarli attraverso esempi.**

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**1.7. Please indicate at least 3 of your weaknesses and do not forget to illustrate them giving an example. Per favore, indica almeno 3 dei tuoi punti di debolezza e non dimenticarti di illustrarli attraverso esempi.**

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#### 1.8. Please, indicate some activities you do not like to do. Per favore, indica delle attività che non ti piace fare.

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#### 1.10. Is there anything else you would like to tell? C'è qualcos'altro che vorresti aggiungere?

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### 2. PLEASE FILL IN THE FOLLOWING DETAILS FOR YOUR APPLICATION!

### PER FAVORE INSERISCI I SEGUENTI DATI PER LA TUA CANDIDATURA!

### 2.1. Personal information. Informazioni personali.

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| --- | --- | --- | --- |
| Name  Nome |  | Surname  Cognome |  |
| Email  Email |  | Phone number  Numero di telefono |  |
| City and Country of residence  Città e Nazione di residenza |  | Home address  Indirizzo di casa |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Gender  Genere |  | | Nationality  Cittadinanza |  | |  |
| Date of birth  Data di nascita |  | | Place of birth  Luogo di nascita |  | |  |
| Passport (ID) Number  Numero di passaporto |  | Solidarity Corps Number  Numero Corpo Europeo Solidarietà | | |  |  |
| **Person to contact in case of emergency (Name, Address, Telephone and Email). Persona da contattare in caso di emergenza (nome, indirizzo, telefono, email).** | | | | | |  |
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| **Name and contacts of your sending organization (Legal name, address, country, PIC number, short description). Nome e informazioni di contatto del tuo ente di invio (ragione sociale, indirizzo, paese, PIC, breve descrizione.** | | | | | |  |
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#### 2.2. Special needs. Bisogni specifici.

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| Do you have any special needs (medical conditions, handicaps, etc.)? Hai bisogni specifici (condizioni mediche, handicap, etc.)? | Yes \_\_ | No \_\_ |
| **Do you have any kind of allergy? Hai qualche allergia?** | Yes \_\_ | No \_\_ |
| Do you need to take any kind of medicine? Devi prendere qualche medicina? | Yes \_\_ | No \_\_ |
| **Is there any food you do not eat? C'è del cibo che non mangi?** | Yes \_\_ | No \_\_ |

#### 2.3. Please give further description if you have answered “YES” to any of the above questions. Per favore, daI una descrizione più dettagliata per i campi dove hai segnato “YES”.

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| **Declaration**  **I declare that all of the information on this application form is honest and truthful to ability, experience and support needs and has been completed by the volunteer named on this application.**  Please tick here to show you understand and accept the above declaration  **Do not forget to send together with this form your CV with picture!** |

**3. FOR YOUR SENDING ORGANIZATION**

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| PARTNER IDENTIFICATION FORM | |  |  |
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| PARTNER PROFILE | | | | |
| PIC | 950489033 | | | |
| Promoter’s legal name (national language) | ProAtlântico-Associação Juvenil | | | |
| Promoter’s legal name (latin characters) | ProAtlântico-Associação Juvenil | | | |
| Acronym, if applicable |  | | | |
| National ID number, if applicable |  | | | |
| Department if applicable |  | | | |
| EVS Accreditation Number -EI Ref | 2014 – 1 – PT02 – KA110-00481 | | | |
| Legal address | Casa Europa-Rua Policarpo Anjos nº43 | | | |
| Postal code | 1495-207 | | | |
| City | Cruz Quebrada | | | |
| Country | Portugal | | | |
| Region |  | | | |
| Web site |  | | | |
| Email | sveenvio@proatlantico.com | | | |
| Telephone | 00351214218417 | | | |
|  | |  |  |
| Person authorised to legally commit the promoter (legal respresentative) | | | | |
| Title |  | | | |
| Family name |  | | | |
| First name |  | | | |
| Position |  | | | |
| Email |  | | | |
| Telephone 1 |  | | | |
| Telephone 2 |  | | | |
| Same address as the organisation (if address is the same as the one of the organisation please tick this box, otherwise please use the box below to input the full address | |  |  |
| Same Address | | | | |
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| Person responsible for the implementation of the action (contact person) | | | | |
| Title |  | | | |
| Family name |  | | | |
| First name |  | | | |
| Position |  | | | |
| Email |  | | | |
| Telephone 1 |  | | | |
| Telephone 2 |  | | | |
| Same address as the organisation (if address is the same as the one of the organisation please tick this box, otherwise please use the box below to input the full address | |  |  |
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| TYPE OF ORGANISATION (please respond YES or NO to the following questions) | |
| Is your organisation a public body? |  |
| Is your organisation a private entity? |  |
| Is your organisation a non-profit?: |  |
| Is your organisation: a public body at regional/national level; an association of regions; a European Grouping of Territorial Cooperation; or a profit-making body active in Corporate Social Responsibility?- |  |

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| **ACCREDITATION** (Has the organization received any type of accreditation before submitting this application?) | |
| Accreditation Reference (EVS) |  |
| Any other type of accreditation relevant to the application for this project |  |

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| **BACKGROUND AND EXPERIENCE** |
| **Please briefly present your organization** |
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| **What are the activities and experience of your organisation in the areas relevant for this application?** |
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| **What are the skills and expertise of key staff/persons involved in this application?** |
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| **What are your need of your organization for taking part in this project?** |
| **Please describe the background and needs of the participants involved and how these participants have been selected** |
| **Which kind of preparation will be offered to participants (e.g. task-related, intercultural, linguistic, risk-prevention etc.)? Who will provide such preparatory activities?** |
| **How will you disseminate the project results? (Please be very precise and go deep in your explanation)** |