**APPLICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Surname** | |  | |
| **Country** |  | | **Gender** | |  | |
| **Address** |  | | | | | |
| **Email** |  | | **Phone number** | |  | |
| **Knowledge**  **of English** | **Fluent** | **Good** | | **Basic** | | |
| **Fluent** | | | | | | |
| **Organisation** |  | | **Position in the organisation** | |  | |
| **Organisation’s address** |  | | | | | |
| **Phone number/fax number** |  | | | | | |
| **Email** |  | | | | | |
|  | | | | | | |
| **Passport details** |  | | | | | |
| **Date of birth** |  | | **Place of birth** | | |  |
| **Date of issue** |  | | **Date of expiry** | | |  |
| **Full address** |  | | **Authority** | | |  |
| **Estimated travel costs** |  | | Vegetarian | | |  |
| **Special needs** |  | | | | | |
| **Please describe your previous experience with the topic of Conflict Transformation.** |  | | | | | |
| **What is your motivation to take part in this training course?** |  | | | | | |
| **What do you expect to gain from this training course?** |  | | | | | |
| **How are you going to use the skills gained during the training course?** |  | | | | | |