

**LIFELONG LEARNING PROGRAMME
GRUNDTVIG WORKSHOPS****Participant application form**

Please send this application form duly completed and signed to:

- the organisation which organises the Workshop (Workshop Organiser)

Deadline for sending the registration form¹: 03.03.2014

If your candidature to this Workshop is accepted, the Workshop Organiser will return to you a signed copy of this form.

I - Identification of the Workshop¹

Title of the Workshop	Perspektivenwechsel
Host institution	Volkshochschule Selb (vhs) Lessingstr. 8 D-95100 Selb Michaela Hermannsdörfer +49 9287 76 01-23 m.hermannsdoerfer@vhs-selb.de
Dates of the Workshop	06.04. - 12.04.2014

¹ To be pre-filled by the Workshop organiser

II - Identification of the candidate applicant

II.1. Contact details

Title (Mr/Ms)		First name	
Family name			
Address			
Postcode		City	
Country			
Telephone 1		Telephone 2	
Mobile		Fax	
E-mail address			

II.1. Other information

Date of birth	
Nationality	
Occupation	
Special requirements for travels and/or during the stay (mobility, dietary, medical, etc...)	
Experience with former international activities	
Motivation to participate in this workshop	Max. 150 words
Languages spoken	
Languages understood	
Other information you would like to mention	

11.3 Other questions (to be customised by the Workshop Organiser if needed)

Please give a brief description your learners group	
Are you still a teacher or do you plan to become a teacher?	
If yes, please describe your work experience	
Are you a sole teacher or do you work in a team?	
Have you ever been in Germany?	
Please rank your knowledge of german language? (basic, advantage - passive/active language use)	
The working language is german. If necessary, you can attend a language preparing course PREVIOUSLY - payment inclusive. Please ask us.	
Are you interested to live with a guest family during your stay or do you prefer a hotel?	

Please give a detailed information about your motivation to take part in this workshop and describe your expectations.

If you prefer to live in a guest family, please give us an idea of your expectations of the family.

Please add your vita (if possible photo). You can use Europe-pass:
<http://europass.cedefop.europa.eu>

CANDIDATE participant

I confirm that I understand and intend to obey to the following principles and rules:

1. The Workshop Organiser will select candidates according to selection rules which have been approved by his/her Lifelong Learning / Grundtvig National Agency. These include rules on the minimum number of participants from a varied number of countries;
2. Candidates may be selected, rejected or registered on a reserve list;
3. The Workshop Organiser may consult the selected participants to organise their trips and accommodation;
4. By signing the present document, the candidate participant commits himself / herself to:
 - a) in case of selection:
 - i. attend the Workshop
 - ii. comply with all arrangements negotiated for his/her participation and to do his/her best to make the Workshop a success
 - iii. fill in and sign a final evaluation form at the end of the Workshop and send a copy of it to the National Agency of his/her country¹.
 - b) in case of selection but non attendance: present evidence of force majeure,
 - c) in case of partial or non attendance and no presentation of evidence of force majeure, reimburse the Workshop Organiser of all costs incurred due to this non-attendance.

Your registration implies that you authorize the European Commission and the National Agency to make free use of the photographs, films and recordings bearing your image or voice in all type of publications, television broadcast or communications via the Internet for information or education purposes only. These photographs, films and sound recordings may be included and archived in the European Union's online database, accessible to the public free of charge online.

Date: Signature:

WORKSHOP ORGANISER

We confirm that the above mentioned candidate has been accepted to attend the following Workshop and will do our best to provide him/her with a successful experience, as described in our application form.

TITLE:

DATES:

LOCATION:

Date: Signature²:

¹ Coordinates of all National Agencies: http://ec.europa.eu/education/lifelong-learning-programme/doc1208_en.htm

² And stamp of the organisation