

This application form should be completed by EACH participant and sent by e-mail to [ngo@brodoto](mailto:ngo@brodoto) and your national NGO representative

**The deadline for submission is June 31<sup>st</sup> 2021**

PERSONAL INFORMATION	
<b>FIRST NAME</b>	
<b>LAST NAME</b>	
<b>DATE OF BIRTH</b>	
<b>GENDER</b>	
<b>NATIONALITY</b>	
<b>ENGLISH LANGUAGE SKILLS</b>	Well / Medium / Poor
<b>MOBILE PHONE</b> <small>with international code</small>	
<b>E-MAIL</b>	
<b>ADDRESS</b>	

COVID-19 STATUS	
<b>FULL VACCINATION</b>	YES / NO <i>(If YES, a vaccination certificate needed)</i>
<b>RECOVERY IN THE PAST 6 MONTHS</b>	YES / NO <i>(If YES, A Positive result to a COVID-19 test (PCR or rapid antigen test) performed in the previous 180 days and older than 11 days from the date of arrival at the border crossing point, or a certificate issued by a physician confirming that the</i>

	<p><i>holder has recovered from the SARS-CoV-2 virus infection, must be presented.)</i></p>
<p><b>OTHER</b></p>	<p><i>*All other travellers aged above 7 have to provide a negative COVID-19 test (PCR or rapid antigen test - RAT). The RAT test, to be valid, must be listed in the common list of rapid antigen tests recognised by the Member States of the European Union). If the RAT test was made abroad, the manufacturer and/or the commercial name of the test must be visible, and the test must be issued by a health institution / laboratory and signed / confirmed by a doctor. The results of the above tests must not be older than 48 hours (counting from the time of taking the swab to arriving at the border crossing point).</i></p> <p><i>In lack of a valid COVID-19 test, travellers will have to immediately perform, upon arrival in Croatia, a PCR or rapid antigen test at their own expenses, with the obligation to stay in self-isolation until a negative test result. If testing cannot be performed, a 10-day quarantine is imposed.</i></p> <p><b><i>Please follow the latest updates on COVID-19 travel rules here: <a href="https://reopen.europa.eu/en/map/HRV/7001">https://reopen.europa.eu/en/map/HRV/7001</a></i></b></p>

<p><b>PROFESSIONAL BACKGROUND AND MOTIVATION</b></p>	
<p><b>Please describe your own personal motivation for attending this mobility of youth workers</b></p>	



<p><b>Please describe your previous and current experiences in the field of youth work and your role in the organisation that sends you. Do you have any experience of participating in projects in the framework of the Erasmus+ Programme or any other international project?</b></p>	
<p><b>As part of the project we expect from participants to use the ideas, knowledge, skills and contacts gained during the exchange later on in their life, please describe how you could use it.</b></p>	
<p><b>Do you have any experience in crowdfunding? Please describe it!</b></p>	
<p><b>What questions do you have concerning crowdfunding and crowdfunding campaigns?</b></p>	

<p><b>Any special skills or hobbies you would like to share with us? 😊</b></p>	
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**SPECIAL NEEDS, EMERGENCIES, CONDITIONS**

**Please let us know if you require any special arrangements and needs or if there are things we need to be aware of (vegetarian, vegan, no pork, allergies, etc.). Please be very specific so we could arrange food according to your needs.**

**Please give us the name and full contact details of a person to be contacted in case of emergency during the youth exchange:**

Name and surname	
Complete address	
Phone number	
Postal code and country	
E-mail	
Relationship to you	

**Please take note of the following conditions that will apply as you send this application form and will take part in the youth exchange:**

1. I have read carefully the practical information regarding the youth exchange and am aware about the conditions of participation in the youth exchange.
2. I commit myself to participate in the whole process, including:
  - to prepare myself carefully for the youth exchange and to do all remote preparation work the team will ask for
  - to take part in the full duration of the youth exchange<sup>1</sup>

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<sup>1</sup> In case of skipping parts of the programme, participants will not have their travel expense reimbursed.

- to participate in the whole evaluation process
3. **I am aware that obtaining health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided about my special needs does not remove my own personal responsibility for ensuring my own health.**
  4. If I cancel my participation, I abide myself to inform about it immediately the organizers and find a suitable replacement.

### Contact

**We look forward to your early reply. For inquiries and additional information, please contact:**  
[ngo@brodoto.com](mailto:ngo@brodoto.com), [petra@brodoto.com](mailto:petra@brodoto.com) and/or [branimir@brodoto.com](mailto:branimir@brodoto.com)