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# APPLICATION FORM for participants

**„Design Your JOB II“**

# Please send this questionnaire back filled in English not later than 3nd April 2017. to email address [projects@skwhat.com](mailto:projects@skwhat.com%20)

|  |  |
| --- | --- |
| participant | |
| First name: |  |
| Last name: |  |
| Sex: | male  female  *double click on* *box to check it* |
| Country and city/town: |  |
| Profession or occupation: |  |

|  |  |
| --- | --- |
| Date of birth (dd/mm/yyyy): |  |
| Contact phone : |  |
| Email: |  |
| Special skills (if any): |  |
| Special requests (allergies, diet, medical needs, access needs) - optional: |  |
| Food (optional): | vegetarian  vegan  non-vegetarian |

**Please define by your opinion your computer skills abilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowing:** |  | **fluent** | **good** | **medium** | **basic** | **poor** |
| **OS (Windosw)** |  |  |  |  |  |  |
| **MS office** |  |  |  |  |  |  |
| **Internet / browsers / e-mails** | |  |  |  |  |  |
| **Social networks** |  |  |  |  |  |  |

**Do you have your own computer or lap top? Please indicate:**

**Official workshop language will be English, please define your language abilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Language Level:** |  | **fluent** | **good** | **medium** | **basic** | **poor** |
| **English:** |  |  |  |  |  |  |

**Are you evidenced in your National Employment service as unemployed?**

**YES**

**NO**

**For which topic you are applying?**

Graphic Design

Web design

**Additional questions:**

**What would this training mean to you? Why are you interested in web or graphic design? (up to 300 words)?**

**Tell us three things you want us to know about you:**

**Do you have any previous work experience? (max 200 words)**

**Project target group are young people with social and economic al obstacles. If you belong to some of the groups indicated below please tick that box and select “checked”. If you think that you belong to more than one group please select them also. If you don’t belong to any group please select N/A:**

**SOCIAL OBSTACLES:**

Youth depending or depended on social welfare system

Young people without parental care

ECONOMIC OBSTACLES

CULTURAL DIFFERENCES

HEALTH PROBLEMS

DISABILITY

EDUCATIONAL DIFFICULTIES

NONE / WITHOUT OBSTACLES

**If U are a person with disability please explain**

**Anything else you would like to share whit us?**

**Thank you!**