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| Family name:....................................................... Sex:......................................................................Date of birth:.......................................................Place of birth:.....................................................Current address:.................................................. | First name(s): ..................................................................E-mail address:………………………………...............Telephone:..............................................................Passport Nr. and date of issue / Personal ID number:................................................................... |



“CHANGING PERSPECTIVES OF MEDIA EDUCATION AND POLITICAL DIALOGUE”

APPLICATION FORM

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| Education Level: [ ] Bachelor’s [ ] Master’s[ ] PhD[ ] NoneCurrent Status:[ ] Academic Personnel [ ] Administrative Personnel [ ] Student In case of Academic/Administrative personnel, please indicate your position ………………………………………………..……………………………………………… .In which group would you like to work?[ ] Group 1: Debate[ ] Group 2: Blog/Photo[ ] Group 3: Audio Visual  | Are you fluent in English?[ ] Yes [ ] NoDo you have English Language Proficiency Certificate (IELTS/TOEFL)?[ ] Yes [ ] NoHave you participated in international project before?[ ] Yes [ ] No Will you be able to attend all the workshops, which will take place in Odessa, Kiev and Yerevan?[ ] Yes[ ] No |

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| Kindly, please describe why would you like to participate in this project:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

Signature:

Date: