# Application Form

Scouting Without Barriers – LGBT Training

# Athens, Greece

# 21-24 April 2016

NOTE: Participants should arrive on **WEDNESDAY 20 April 2016** late afternoon and depart **SUNDAY, 24 April 2016** after 15:00

Please complete this form in capital letters and return by 30 April 2014 to

European Regional Office, Rue Henri Christiné 5, Box 327, CH - 1211 Geneva 4, Switzerland

Tel: (+41.22) 705 11 00 Fax: (+41.22) 705 11 09 e-mail: europe@scout.org

|  |  |  |  |
| --- | --- | --- | --- |
| First name and family name | | | Gender  Male  Female  Other |
| Date and place of birth | | Nationality | |
| E-mail | Telephone | | Fax |
| Association | | | |
| Position in the Association | | | |
| Please indicate the category that best describes your English  English Very Good  Good  Can Manage  Poor  None | | | |
| Which other languages do you speak (include mother tongue) | | | |
| Do you have any dietary or allergy requirement? Please specify | | | |
| Do you have any special need, which would require specific assistance? Please specify | | | |
| Have you ever participated in a European event?  Yes  No  | | Do you need an official invitation to obtain a visa?  Yes  No  | |
| Date and Signature of the International Commissioner | | | |

(…)

## For those needing a letter in support of a visa application:

|  |  |  |  |
| --- | --- | --- | --- |
| Passport number | | Nationality | |
| Date of issue | Place of issue | | Date of expiry |
| Address | | | |