# 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 |