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APPLICATION FORM

1. PERSONAL INFORMATION

First name		Last name	
Date of birth	Gender	Male	Female
Country of residence		Citizenship	

2. PASSPORT / TRAVEL DOCUMENTS

Passport number	Issue date
Passport issued by (as in your passport)	Expiry date
Do you need the invitation letter from ISWiB Organizers to get Serbian visa? Note: Find more info on website of the Ministry of Foreign Affairs of the Republic of Serbia - www.mfa.gov.rs	Yes
	No

3. CONTACT INFORMATION

Address							
City/Town		Zip/Postcode		State			
Country							
E-mail(s) Note: E-mail will be the most convenient way to communicate with you; we will keep you informed via email; please check your email regularly.							
Home phone	country code	prefix	your number	Mobile phone	country code	prefix	your number

EMERGENCY CONTACT

Please give a contact (family member or friend) whom we can reach in case of emergency during your stay in Belgrade.

Name
Address
Phone number(s)
E-mail

4. UNIVERSITY INFORMATION

University					
Faculty (field of study)					
Address					
City		Zip/Postcode		State	
Country		Phone	country code	prefix	your number
Website		Fax	country code	prefix	your number

5. PLEASE PROVIDE US WITH AN EXAMPLE OF HOW YOU THINK COMMUNICATION CAN BE USED TO IMPROVE THE SITUATION IN YOUR COMMUNITY.
(MAX. 250 WORDS)

6. STATE YOUR MOTIVATION TO TAKE PART IN ISWiB 2011 AND WHAT ARE YOUR EXPECTATIONS FROM PARTICIPATING IN IT (MAX. 200 WORDS)

7. IN WHICH WORKSHOP WOULD YOU LIKE TO PARTICIPATE? PLEASE, INDICATE WITH "X" YOUR FIRST 3 CHOICES (1ST WORKSHOP REPRESENTS THE WORKSHOP AT WHICH YOU WOULD LIKE MOST TO ATTEND)

WORKSHOP	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
1. DEBATE			
2. THEATRE			
3. ENVIRONMENTAL PROTECTION			
4. NUCLEAR ENERGY			
5. GRAFFITI			
6. MEDIA			
7. MARKETING & PR			
8. YOUTH ACTIVISM			
9. PHOTOGRAPHY			
10. VIDEO AND MOTION GRAPHICS			

8. WHY DO YOU WANT TO PARTICIPATE IN THESE PARTICULAR WORKSHOPS?
(MAX. 150 WORDS PER CHOSEN WORKSHOP)

9. HAVE YOU EVER BEEN A PARTICIPANT IN AN EVENT SIMILAR TO THE ISWiB?
IF YES, WHICH ONE AND WHEN DID YOU PARTICIPATE?

10. DO YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS? (E.G. DIET, DISABILITY, ETC.)? PLEASE SPECIFY:

11. OTHER REMARKS AND RELEVANT INFORMATION ABOUT YOURSELF (E.G. MEMBERSHIP IN ORGANISATIONS, VOLUNTARY WORK, HOBBIES, INTERESTS, SKILLS, ETC)

12. HOW DID YOU FIND OUT ABOUT THE ISWiB 2011?

ISWiB is a member of **Students' Organizing Conventions Everywhere (SOrcE) Network**. Within its frame, we collaborate with youth organizations which offer trainings, conferences and festivals throughout the world. If you would like to learn about and take part in other youth events like ISWiB, SOrcE members offer you to send information about their projects and invite you to youth programs via e-mail.

13. WOULD YOU AGREE TO ALLOW ISWiB TO SHARE YOUR CONTACT DATA (NAME, DATE OF BIRTH, COUNTRY AND E-MAIL ADDRESS) WITH SOrcE NETWORK MEMBERS?

Yes

No

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