

CAMPUS15 – APPLICATION FORM – SUMMER CAMP 2014 – 04 to 23 August

For young people from Bosnia and Herzegovina (BiH), Croatia, Germany, Poland, Montenegro and Serbia, at the Malteserhof in Königswinter, Germany

Please fill in this form **personally in English in your own handwriting**, attach a recent photo of **yourself** and send it to our address below (deadline: 31 March 2014, date on post stamp)

Organisation	CAMPUS15 – Jugend wagt den Frieden e. V.
Point of Contact	HUBERT SIMON
Address	AN DER SCHLADE 9
Postal Code/City/ Country	53797 LOHMAR DEUTSCHLAND
Tel.:	+49-(0)2246-7480
Fax:	+49-(0)2246-168815
Email:	campus15@gmx.eu

If you have questions, please email or call us. You can also contact in ...

- BiH: Jasmina Čolić (+387(0)61 702 860, vjeverushka@yahoo.ie)
- Croatia: Sladjana Trbulin (+385(0)98 943 9406, sladjanatrbulin@gmail.com)
- Poland: Barbara Zamożniewicz (+48(0)603 622 630, basia@fundacjafarma.pl)
- Montenegro: Ana Marojević (+382(0)67 854 374, hanchy13@yahoo.com)
- Serbia: Marija Pavlović (+381(0)64 283 9150, bp.marija@gmail.com)

Personal Information:

Family name	First name	Date of birth	
Place of birth	Male/Female	Religion	Nationality

Street and number	Postal code	City
Region/County	Country	Telephone
Mobile phone	Fax	Email

Have you got a passport?	Country/Date of issue	Valid till
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2. Information about your family:**Father and mother (or guardian)**

Family name	First name	Profession	Current employment
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Brothers and sisters

First name	Male/Female	Age
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3. Information about your school education or job training

a) Your present school

Name of school and city	Type of school	Grade

or

b) Your job training facility

Name of school or training facility and city	Type of training

c) Previous schools from grade 1 till now

Name of school	City	from/till

d) What are your favourite subjects and why?

e) What foreign languages are you being taught or able to use?

f) Have you – besides holidays – spent time in foreign countries?
If yes, when, where and on what occasion?

4. Please give detailed answers to the following questions. This will help us with details for the programme.

a) Please describe: How do you usually spend your time after school?

b) What sports do you do regularly?

c) Do you sing, or play a musical instrument? Which instrument?

d) What are your hobbies? Are you a member of any organization?

e) Why do you want to participate in Summer Camp 2014?

f) What suggestions do you have for the programme of our Summer Camp?

g) Over the course of the next five to ten years, how do you see:
your personal future?

the future of your country?

the future of Europe?

How could you personally work towards the ideas for the future that you have mentioned above?

5. How did you hear about the Summer Camp? Who did pass on the information to you? Please state the name of a person or organisation etc.

Place, date

Signature of applicant

Permit of Parent/s or Guardian/s

(Please delete as applicable)

I/We hereby permit my/our daughter/son to participate in the Summer Camp 2014

Applicant – family name and first name	Age (years)

I/WE UNDERSTAND THAT:

- My/Our daughter/son might not be under close supervision at all times. The counsellors may permit the participants to move around on their own on certain occasions, in groups of at least three participants.
- All participants are covered by insurance for personal liability, healthcare and accident for the entire duration of the camp including travel days.
- Loss of or damage to privately owned equipment is not covered.
- Participation in the programme and a little help with general camp duties are expected.
- Rules as set by the team of counsellors have to be followed; this includes adherence to the strict German laws on Youth Protection in regard of smoking and alcoholic drinks. Severe violation of camp rules may lead to premature end of participation and the individual participant may be sent home at her/his own expense.

PLEASE INDICATE FOR THE CAMP COUNSELLORS:

- Our daughter/son knows/does not know how to swim. She/he has/does not have permission to go swimming with the group.
- Please write down information on
 - chronic illnesses:
 - required medication:
 - allergies to medication:
 - dental braces:
 - handicaps:
 - other special needs:
 - food requirements for religious or health reasons:

Your signatures as father, mother or guardian:

Family name, first name (father or guardian)	Signature
Family name, first name (mother or guardian)	Signature

Place:

Date: