We will then forward your documents to the hosting organisation. They will do the selection.

Please note that in the selection, candidates with fewer opportunities (e.g. with disabilities, educational difficulties, social obstacles, etc.) and candidates who have no previous international experience and/or no degree in higher education are given priority.

**Supporting organisation details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | ProAtlântico-Associação Juvenil | OID:E10120334 |  |
| Address: | Casa Europa-Rua Policarpo Anjos nº 43,1495-207 Cruz Quebrada, Portugal |
| Phone: | 00351214218417 | E-mail:  | sveenvio@proatlantico.com |
| Contact person: | Nuno Chaves |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname(s): |  |  | (Photo) |
| First name(s): |  |  |
| Address: |  |  |
| Postcode & city: |  |  |
| Country: |  |  |
| Phone: |  |  |
| Email: |  |

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: |  | Nationality: |  |
| Date of birth: |  | Place of birth: |  |
| PRN (registration number at the online portal): |  |
| Passport number:  |  |

#### Do you have any former international experiences (other stays abroad, exchanges etc.)? Please describe.

|  |
| --- |
|  |

#### Knowledge and skills you can share during your volunteering experience:

|  |
| --- |
|  |

#### Do you consider that in your life you face some of the following obstacles?

|  |  |  |
| --- | --- | --- |
| Please answer honestly. This information will help us in the selection and preparation process and will ensure you are offered adequate support during your volunteering activity. | Yes | No |
| Disability / special needs – *e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities* |  |  |
| Health problems - *e.g. chronic health problems, severe illnesses or psychiatric conditions* |  |  |
| Educational difficulties - *e.g. learning difficulties, early school-leaver, poor school performance* |  |  |
| Cultural differences - *e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority* |  |  |
| Economic obstacles - *e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems* |  |  |
| Social obstacles - *e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation* |  |  |
| Geographical obstacles - *e.g. from remote or rural areas, young people living on small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilities)* |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have any special needs (medical conditions, disabilities, impairments etc.)? |  |  |
| Do you have any kind of allergy? |  |  |
| Do you need to take any kind of medicine? |  |  |
| Are you a vegetarian?  |  |  |
| Is there any food you do not eat? |  |  |

#### If you have answered yes to any of the above questions, please give further description and if applicable describe the necessary assistance/support you will need when living in Lower Austria.

|  |
| --- |
|  |

### Language abilities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language (mark by x) |  | Native | Fluent | Good | Basic |
| German |  |  |  |  |  |
| English |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Declaration

‘I agree that the data in this form will be shared with the responsible in the coordinating and hosting organisation’

**O** please tick here to show you understand and accept the above declaration.

#### Is there anything else you would like to tell us?

|  |
| --- |
|  |