Youth Worker/Tutor Application Form

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| --- | --- |
| Name and Surname |  |
|  |  |
| Date of Birth  |  |
|  |  |
| Place of Birth  |  |
|  |  |
| Address |  |
|  |  |
| Contact details |  |
|  |  |
| What is your nationality? |  |
|  |  |
| Gender: (Multiple answer)  |  |
| MalefemaleOther than listed |  |
| In which Organization are you working as a youth worker/tutor? |  |
|  |  |
| Please briefly describe your work experience as youth worker/tutor |  |
|  |  |
| Does your organisation approve and support your participation in this project? |  |
|  |  |
| Why would you and your organisation implement a process of competences validation for your young volunteers?  |  |
|  |  |
| Did you ever adopt any validation model for transversal competences developed by volunteers? Which one?  |  |
|  |  |
| How many young volunteers are there in your organization? |  |
|  |  |
| How will you and your organisation commit and contribute to sharing the knowledge produced by DYVO competences framework and related validation process? |  |
|  |  |
| Language skills: knowledge of English language for the international training (Multiple answer) |  |
| Fluent GoodBasicAbility to participate without language skills |  |
| ***We require in the following questions sensible information to offer equal opportunities, prevent discrimination and support under-represented groups*** |  |
| Do you have a migrant background  |  |
| yes/no  |  |
| Do you have disabilities or difficulties? (Multiple answer) |  |
| Yes, I have a disability and will need support. Yes, I have a disability, but, please, don't draw extra attention to me. I can participate equally, and I will ask for help if I need it. No  |  |
| If yes, please tick the relevant box:  |  |
| Visual difficulty Hearing difficulty Mobility difficulty Wheelchair user Mental health difficulty Cognitive (intellectual) difficulty Difficulty to read (Dyslexia) Difficulty to calculate (Dyscalculia) Emotional / behavioural difficulty Social skills difficulty |  |
| Medical difficulty (such as epilepsy, diabetes, allergies etc.). Please, describe |  |
|  |  |
| ‘Unseen’ difficulty  |  |
|  |  |
| Other difficulty |  |
|  |  |
| Personal support need |  |
| yes/no |  |
| The level of indicated difficulties (Multiple answer) |  |
| ModerateSevereMultiple |  |
|  |  |
| I would like a member of Dyvo staff to contact me to discuss my requirement, in confidence |  |
| yes/no |  |
| Would you be able to participate in national and international workshops between September 2021 and July 2022? |  |
| yes/no |  |
| ***I give my permission for the information (about my difficulties to be passed on to project staff, teaching staff and other relevant staff.*** |  |
| ***I hereby authorize the use of my personal data in accordance with the GDPR 679/16 - "European regulation on the protection of personal data".*** |  |
|  |  |
| Thank you and Good Luck! |  |