

APPLICATION FORM

Application for being part of the Swiss Delegation at an international conference

Name of the conference	
International association	<input type="checkbox"/> European YWCA <input type="checkbox"/> YMCA Europe <input type="checkbox"/> World YWCA <input type="checkbox"/> World YMCA <input type="checkbox"/> Other:
Date and Venue	<p>With your application we assume that you can be present during the whole period of the conference.</p>

The negotiating language at international YWCA YMCA conferences is English. Understanding and being able to express oneself in English is therefore a basic requirement as a delegate. Therefore, please also fill out the application form in English.

Name	
Surname	
Phone number	
E-Mail address	
YWCA YMCA Switzerland membership organization	
Date of birth	
Education/ Profession	

Experience within the YWCA YMCA Switzerland and international experience

Why do you want to take part in this event? What is your motivation? What are you particularly interested in?

How and where do you want to bring the experience of this event back to the YWCA YMCA in Switzerland? How can others benefit from your experience?

YWCA YMCA Switzerland pays the following costs: conference costs, accommodation in shared rooms and meals during the conference. The participants pay for the trip themselves. The financial situation is not decisive for the selection of delegates.

- People in apprenticeship/ students / people who are in financial need can apply for financial support for the travel expenses (maximum 50% of the total travel expenses). If this applies to you, please explain briefly and state the amount of support you need?
- If you do not need support, you may also donate (note donation here) and thus contribute to the funding of the delegation.

I hereby confirm that I must report on my participation and implement a project or action after the delegation participation.

The project or action will be agreed upon in consultation with the FGI. The participant can and should make a proposal here:

Date and signature. This application is valid too without signature, if you fill in your full name here:

CEVI SCHWEIZ

Geschäftsstelle
Sihlstrasse 33, Postfach
CH-8021 Zürich
Telefon: 044 213 20 40

cevi@cevi.ch
www.cevi.ch

Gremium

Fachgruppe International
international@cevi.ch

