|  |
| --- |
|  |
| Please insert logo of your organization above |

**QUESTIONNAIRE ON THE OFFER SIDE**

If an organization is interested in hosting staff from the other national association (or hostels they manage), legal representative of the body should fill this application form in English. All the personal data will be used only for the purpose of staff exchange.

**General Information**

|  |  |
| --- | --- |
| Name of organization | Enter name |
| Address  | Enter address |
| City | Add city | Country | Enter country |
| Postal code | Add code | Area | Enter area |
| Phone number | Add number | E-mail | Enter e-mail |

|  |  |  |
| --- | --- | --- |
| Person in charge of staff exchange in organization: | Last name | Enter the last name |
|  | First name | Enter the first name |
|  | Phone number | Add number | E-mail | Enter e-mail |
|  | Position  | Enter the position in organization |
|  | Gender |  |  |  |
|  | Date of birth | Click here to enter a date. |  |

|  |  |
| --- | --- |
| Language (s) spoken in organization  | Enter language (s)  |

**Special Information**

Please indicate below what benefits your organization could bring to staff members of the other national association (or hostels they manage). In addition, please describe the benefits briefly.

|  |  |
| --- | --- |
| 1. Benefit
 | Enter benefit |
| Short description: |
|  |
| 1. Benefit
 | Enter benefit |
| Short description: |
|    |

|  |  |  |  |
| --- | --- | --- | --- |
| Possible starting date | Click here to enter a date. | Possible ending date | Click here to enter a date. |

|  |  |
| --- | --- |
| Minimum duration | Enter minimum duration of staff exchange |
| Maximum duration | Enter maximum duration of staff exchange |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Minimum number of staff members | Choose a number |
| Maximum number of staff members | Choose a number |

Expectations (what do you expect from a staff exchange): |
|

|  |
| --- |
| Other comments: |
|    |

 |
|  |

I, legal representative of the above mentioned organization, hereby certify that information in this questionnaire is truthful. Should the organization be selected, I am duly aware of the all the general conditions and costs.

|  |  |  |  |
| --- | --- | --- | --- |
| Last name, First name and Signature of Legal Representative | Click here to enter text. | Date | Click here to enter a date. |