

## ATLANTIS XIII

### APPLICATION FORM

Participants are kindly required to fill in all parts of this application form.

### PARTICIPANT'S DETAILS

NAME			
FAMILY NAME			
Date of Birth (dd/mm/yyyy)		SEX	M <input type="checkbox"/> F <input type="checkbox"/>
National Society (NS)		Position in the NS (Please specify)	Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> _____
Postal Code		City	
Country		Nationality	

### CONTACTS (with full international code)

Mobile Phone Number *	
Work Phone Number *	
Home Phone Number *	
Email address	
Skype	

### LANGUAGES SPOKEN & T-SHIRT SIZE

ENGLISH	<input type="checkbox"/> beginner	<input type="checkbox"/> intermediate	<input type="checkbox"/> advanced	<input type="checkbox"/> mother tongue
FRENCH	<input type="checkbox"/> beginner	<input type="checkbox"/> intermediate	<input type="checkbox"/> advanced	<input type="checkbox"/> mother tongue
T-shirt size (Please pick your size)	XS – S – M – L – XL			

### National Society Authorisation (COMPULSORY FOR EVERY PARTICIPANT)

The undersigned (name, surname) \_\_\_\_\_

Position: \_\_\_\_\_

### **AUTHORISES**

The participation of the above applicant in the Mediterranean Youth camp "Atlantis XIII"

(Signature) \_\_\_\_\_



## VISA ISSUANCE

**If you need a visa issuance for Cyprus, please fill in the visa details below and attach a copy of the first passport (including photo), in order to prepare your official letter of invitation.**

PASSPORT NUMBER			Place of Issue		
Date of Issue (dd/mm/yyyy)			Date of Expiry (dd/mm/yyyy)		
Contact details of the Cypriot embassy in your country					

**Please indicate the name and full contact details of a person to be contacted in case of emergency during the Youth Camp**

<b>EMERGENCY CONTACT PERSON</b>					
Name and Surname				Relationship	
Complete Address					
Postal Code		Town		Country	
Phones	1)		2)		3)
E-mail					

<b>SPECIAL NEEDS - please specify</b>			
Allergies			
Food needs (any intolerance or religious obligations)		Vegetarian	<input type="checkbox"/> yes
		Vegan	<input type="checkbox"/> yes
Permanent Medical Treatments (daily, weekly...)			
Medicine Intolerance			
Please specify any other special need:			

**IMPORTANT:** All participants are requested to send the CCM a scanned copy of their travel/health insurance. Participants holding a European Health Insurance Card are also requested to send us a scanned copy.

Please write a short paragraph on your motivation to participate in this camp

In what programmes are you involved in inside your National Society?
What are your objectives and expectations?
Which will be your contribution to the success of the training course?
How are you going to use the knowledge acquired during the meeting for the benefit of youth programmes in your NS?"
Previous international experiences:

Please take note of the following conditions to take part in the training course

I commit myself to participate in the whole process, including:

- to prepare myself carefully for the training course and to do all remote preparation work the team will ask for;
- to take part for the entire duration of the training course;
- to participate in the whole evaluation and follow-up process.

I am aware that it is my responsibility to subscribe a health and full travel insurance. I understand that the information I provided for my special needs does not exclude my own personal responsibility for ensuring my own health.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the application form duly completed  
by email:

**Centre for the Cooperation in the Mediterranean  
(Spanish Red Cross)**  
C/ Joan d'Àustria 118-120  
08018, Barcelona, Spain  
e-mail: [bany.egusquiza@cruzroja.es](mailto:bany.egusquiza@cruzroja.es);  
[mediterraneo@cruzroja.es](mailto:mediterraneo@cruzroja.es)

tel: +34.93.302.15.85  
mobile : +34 647687925

**Deadline to submit the application form:**  
**May 22<sup>nd</sup>**



REPUBLIC



OF CYPRUS

Photo

Stamp Embassy or  
Consulate

## Application for Visa

This application form is free

1. Surname(s) (family name(s))			<b>FOR EMBASSY/ CONSULATE USE ONLY</b>  Date application:   File handled by:  <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means Valid until  <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :														
2. Father's name																	
3. First names (given names)																	
4. Date of birth		5. Place and country of birth															
6. Current nationality		7. Original nationality (nationality at birth)															
8. Number of passport		9. Issued by															
		10. Date of issue															
11. Current occupation		12. Employer's address and telephone number															
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other															
15. Spouse's name and surname		16. Spouse's date / place of birth															
		17. Spouse's nationality															
18. Children <table border="1"> <thead> <tr> <th>Surname</th> <th>Name</th> <th>Date of birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>			Surname	Name	Date of birth	1.			2.			3.			4.		
Surname	Name	Date of birth															
1.																	
2.																	
3.																	
4.																	
19. Type of visa <input type="checkbox"/> Individual  <input type="checkbox"/> Collective		20. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay															
		21. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries															
22. Other visas for Cyprus / Schengen States		23. Purpose of travel															
24. Date of arrival		25. Date of departure															
26. Persons for recommendation during the stay / Address and telephone																	
27. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Hosted guest  <input type="checkbox"/> Prepaid tourist package <input type="checkbox"/> Other (specify)																	
28. Present address and telephone number																	
29. Place and date		30. Signature															