EYP Romania NSS autumn 2022 // Busteni (21-24.10.2022) EYP Romania Foundation, Oradea st. Avram Iancu no.7/7 office@evpromania.eu; tel: 0040722884273

## **Delegation Application Form**

National Selection Session – autumn 2022 (Busteni 21-24.10.2022)

Please send your application to <u>autumn22@eypromania.eu</u> **before 1.10.2022** (Saturday, 23:59)

-more info related to NSS autumn 2022 on www.eypromania.eu -

## **Delegate 1: AMBASSADOR OF THE DELEGATION**

NAME & SURNAME

DATE OF BIRTH PHONE NUMBER

**GENDER** 

EMAIL	
SCHOOL	
CITY/TOWN	
NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)	
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IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)	
Delegate 2:	
NAME & SURNAME	
GENDER (M/F)	
DATE OF BIRTH	
PHONE NUMBER	
EMAIL	
SCHOOL	
CITY/TOWN	
NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)	
ROLE (POLITICIAN/MUSICIAN)	

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ISSUES (if there are any)

Delegate 3:  NAME & SURNAME GENDER (M/F)  DATE OF BIRTH PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)  IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)  Delegate 4:  NAME & SURNAME GENDER (M/F) DATE OF BIRTH PHONE NUMBER EMAIL SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)  IMPORTANT PERSONAL MEDICAL	IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)	
NAME & SURNAME GENDER (M/F) DATE OF BIRTH PHONE NUMBER EMAIL SCHOOL CITY/TOWN NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN) IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)  Delegate 4: NAME & SURNAME GENDER (M/F) DATE OF BIRTH PHONE NUMBER EMAIL SCHOOL CITY/TOWN NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)  ROLE (POLITICIAN/MUSICIAN)		
GENDER (M/F) DATE OF BIRTH PHONE NUMBER  EMAIL  SCHOOL CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)  IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)  Delegate 4:  NAME & SURNAME GENDER (M/F) DATE OF BIRTH PHONE NUMBER  EMAIL SCHOOL CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)	Delegate 3:	
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ROLE (POLITICIAN/MUSICIAN)  IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)  Delegate 4:  NAME & SURNAME  GENDER (M/F)  DATE OF BIRTH  PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)		
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ISSUES (if there are any)  Delegate 4:  NAME & SURNAME  GENDER (M/F)  DATE OF BIRTH  PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)		
Delegate 4:  NAME & SURNAME  GENDER (M/F)  DATE OF BIRTH  PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)		
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GENDER (M/F)  DATE OF BIRTH  PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)	_	
DATE OF BIRTH  PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)		
PHONE NUMBER  EMAIL  SCHOOL  CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)	• • •	
EMAIL SCHOOL CITY/TOWN NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)		
SCHOOL CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)	PHONE NUMBER	
CITY/TOWN  NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)  ROLE (POLITICIAN/MUSICIAN)	EMAIL	
NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)	SCHOOL	
LEGAL GUARDIAN (PARENT) ROLE (POLITICIAN/MUSICIAN)	CITY/TOWN	
ROLE (POLITICIAN/MUSICIAN)		
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**NAME & SURNAME** 

GENDER (M/F)

**DATE OF BIRTH** 

PHONE NUMBER

**EMAIL** 

**SCHOOL** 

**CITY/TOWN** 

NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)

**ROLE (POLITICIAN/MUSICIAN)** 

IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)

Delegate 6:

**NAME & SURNAME** 

GENDER (M/F)

**DATE OF BIRTH** 

**PHONE NUMBER** 

**EMAIL** 

**SCHOOL** 

**CITY/TOWN** 

NAME AND MOBILE PHONE OF LEGAL GUARDIAN (PARENT)

**ROLE (POLITICIAN/MUSICIAN)** 

IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)

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CHAPERONE/Teacher (if participating)

NAME & SURNAME

GENDER (M/F)
DATE OF BIRTH

PHONE NUMBER

**EMAIL** 

**SCHOOL** 

**CITY/TOWN** 

MOBILE PHONE

IMPORTANT PERSONAL MEDICAL ISSUES (if there are any)

\*Hereby all 6 members of the delegation agree with the processing of personal data mentioned above by the EYP Romania Foundation and we undertake to participate in NSS autumn 2022 Busteni (21-24.10.2022) if the delegation application we'll be accepted, we acknowledge that the participation fee is not refunded regardless of the reason for missing the event, we have read and understood the information included in the Info pack autumn 22 published on <a href="https://www.eypromania.eu">www.eypromania.eu</a>, the trip to / from Busteni will be made at our own cost and own responsibility, we undertake to inform the teachers, parents, tutors correctly about the participation at European Youth Parliament Romania NSS autumn 2022.

Thank you for applying!