

# ERASMUS+ PROJECT

Youth Worker Training Course



Co-funded by  
the European Union



## Project Information

**Project Number:** 2024-1-BG01-KA151-YOU-000200182

This document is part of an Erasmus+ project related to a youth worker training course.

## Participant Selection Form

**Erasmus+ KA151-YOU Youth Mobility Project**

**Project Title:** *Empowering Youth Workers for Inclusion and Digital Competence*

**Mobility Dates:** 9–17 October 2024

**Location:** Pernik, Bulgaria

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### ◆ Applicant Identification

1. **Full Name:**

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### ◆ Participant Selection Questions (Closed Format)

2. **Do you currently work with or support young people in any formal or non-formal way?**

☐ Yes, as a youth worker

- ☐ Yes, as a volunteer
  - ☐ Yes, but occasionally
  - ☐ No
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3. **How often do you participate in activities involving social inclusion or working with youth from disadvantaged backgrounds?**

- ☐ Regularly
  - ☐ Occasionally
  - ☐ Rarely
  - ☐ Never
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4. **What is your experience level in using digital tools for youth work?**

- ☐ Advanced
  - ☐ Intermediate
  - ☐ Basic
  - ☐ None
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5. **Have you ever participated in an Erasmus+ project before?**

- ☐ Yes, once
  - ☐ Yes, more than once
  - ☐ No, this would be my first time
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6. **How confident are you in communicating in English?**

- ☐ Very confident
  - ☐ Comfortable with support
  - ☐ Basic understanding
  - ☐ I will need help
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7. **Are you willing and able to participate in the entire training programme (9–17 October 2024)?**

- ☐ Yes
  - ☐ Probably
  - ☐ Not sure
  - ☐ No
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8. **Would you be available for preparation and follow-up activities before and after the mobility?**

- ☐ Yes
  - ☐ Maybe
  - ☐ No
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9. **How would you rate your motivation to participate in this project?**

- ☐ Very high
  - ☐ Moderate
  - ☐ Low
  - ☐ I'm mostly curious
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10. **Would you be able to use and apply what you learn in your local context?**

- ☐ Yes, in my job
  - ☐ Yes, in volunteering
  - ☐ Not sure
  - ☐ Probably not
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11. **Are you currently facing any obstacles in life that would classify you as a participant with fewer opportunities (e.g., financial, geographic, social, educational)?**

- ☐ Yes
  - ☐ No
  - ☐ Prefer not to say
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✓ *Thank you for your application!*

Your responses will be reviewed by the coordinating team. Selected participants will be contacted personally by email or phone.

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