International Erasmus+ Youth Exchange Project “HELP“

*Project Participant selection questionnaire*

Name...........................................................................................

Form .............................................................................................................

Date of birth .................................................................................................

E-mail........................................................................................................

Address .........................................................................................................

Phone number .........................................................................................

1. Have you participated in any project(s) before? If yes, what?

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1. What qualities of yours would help you to be a project member?

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1. Your input in representing our gymnasium (participation in contests, olympiads, national events, active involvement in school activities, et.) in recent 2-3 years

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*Personal Statement “Me as a Participant of the Project”*

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