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**Disordered Eating and Eating Disorders in Teens**

**2016-3-RO01-KA105-035277**

**KA1 for Youth Workers**

**Selection form**

|  |  |
| --- | --- |
| Full name |  |
| Email address |  |
| Date of birth |  |
| Country, city, organization |  |
| Do you have experience as a youth worker? (Yes/ No) |  |
| If yes, how long this experience is (years/ months)?  Please describe in a paragraph one activity with youths that you coordinated/ were active part in |  |
| Why are you interested in the topic of this project (disordered eating)? |  |
| How can you disseminate the project in your organization/ city/ country? (write an article/ presenting the project in the local written press or educational magazines/ TV, organize youngsters’ workshops on the course topic etc.) |  |
| Would you like to receive a Youthpass document? (Yes/ No) |  |