

MOTIVATION

Why do you want to attend this conference?

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What do you expect to learn at this conference?

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What are the objectives of your organization / institution?

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How will you concretely apply the knowledge you have acquired at this conference?

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Other remarks:

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Approval by Employer / Organization

First Name: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō

Surname: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ..

Position/Title: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ..ō

Organization/Institution: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ..

Date: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ..

Signature: ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ..

PLEASE STAMP

The application form must be sent by postal mail or fax.

I, the undersigned, certify that all of the above declarations are true and correspond to the reality.

Date : _____

Signature : _____

SUBMISSION

Applications should be addressed to **The IYC Coordinator, P.O. Box 46486, Gaborone, Botswana** or e-mail to ylpalumni@yahoo.com. Contact: **Sharon – [+267] 73201135** or **Sarona – [+267] 72799705** or e-mail ylpalumni@yahoo.com for any inquiries.

The application form must be received at the Y- Care Youth Leadership Program office no later than **31 October 2010**. Receipt of application will be sent through e-mail.

Only approved applicants will be contacted by **30 November 2010**. Applicants cannot appeal against the decision made.