**Application Form**

**Young ESD Leaders Capacity Building Training Workshop**

**15 – 16 February 2017**

**New Delhi**

**APPLICATION DEADLINE: 30 January 2017**

Please complete in English and send to **Ms. Monmi Barua (****monmi.barua@teri.res.in****) and Ms. Pallavi Barua (****pallavi.barua@teri.res.in****)** latest by **30 January 2017.**

The information you provide in this form will be used solely for the purpose of this workshop.

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| **1. PERSONAL INFORMATION** |
| **Last name** |  |
| **First name** |  |
| **Name shown on passport** |  |
| **Nationality** |  |
| **Date of birth** (DD/MM/YYYY) |  |
| **Place of birth** |  |
| **Gender** | ( ) Male ( ) Female |
| **Current postal address** |  |
| **Phone number** (including country code) |  |
| **Email addresses**  | (Main Email)(Alternative Email) |
| **Current occupation****If student, please specify the name of your school and your major** |  |
| **Organization where you practice ESD (if employed)** |  |
| **Position or role in this organization (if employed)** |  |
| **Website of the organization / institution** |  |
| **Do you belong to Youth networks?** | ( ) Yes ( ) No |
| **If Yes, please provide the info:** | Name of networkObjective of networkYour positionNumber of membersWeblink |
| **Is your organization youth-led? (Are the majority of leadership positions held by youth under age 35?)** | ( ) Yes( ) No |
| **English language proficiency** | ( ) Native( ) Non-native ( ) with experience living/studying in English speaking countries  ( ) with demonstrated English proficiencyPlease specify relevant background: |
| **Mother tongue** |  |
| **Which other languages do you have a good command?** | Fluent: Good: |
| **Can you attend the full program?****- 2-Day, in-person training in New Delhi from 15-16 February 2017****- Post online session (February end: *date- to be decided*)**  | ( ) Yes( ) No |
| **2. TRAVEL INFORMATION** (If you currently hold a valid passport, please provide information below.)  |
| **Passport number** |  |
| **Country** **which issued your passport** |  |
| **Date of issue** (DD/MM/YY) |  |
| **Expiry date** (DD/MM/YY) |  |
| **Nearest airport** |  |
| **3. QUESTIONS** |
| **Q1: Please describe your ESD initiative in one sentence, including area of work, target audience and approach.** |
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| **Q2: What is your experience in working with youth and sustainable development? Please describe your “ESD Success Story” highlighting innovative practices and impact you have achieved.** (300 words) |
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| **Support material (optional)** Please provide any links to videos, photos, media coverage, etc., illustrating your ESD work. |  |
| **Q3: Why do you wish to take part in this Training Course?** (150 words) |
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| **Q4: How will your participation in the Training Course benefit your community? Can you mobilize and empower at least 5 youth to engage with ESD related activities within 1 year after the workshop? Please describe your strategies.** (150 words) |
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| **Q5: How do you wish to advance your work as a young ESD leader in the future?** (150 words) |
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For further details on the training workshop, please contact:

**Ms. Ragini Kumar** (ragini.kumar@teri.res.in)

Associate Fellow & Area Convenor

Environment Education and Awareness,

Sustainable Development Outreach & Youth Education

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