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| **A two-year transformative Global Citizenship Education Programme for** **Adult & Community Educators from Liberia & Ireland.** |

## Closing Date for Application: 22nd May 2025

**Please return completed applications to** [***alejandro@saolta.com***](alejandro%40saolta.com)

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| **Personal Information** |
| **Full Name:** |  |
| **Date of Birth** |  |
| **Phone Number** |  |
| **Email Address\*:** |  |
| **Country of Residence** |  |

*\* Please provide a permanent email address, as this will be our main source of contact for you*.

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| **Gender:** | **Age Range:**  |
| Female:Male: Other: | 18 – 34: 35 – 54: 55 +:  |
| **Organisation you are representing (Participants must be representatives of an ACE organisation)**  |
| **What sector is your organisation part of?**  |

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| **Motivations** |
| **What are your motivations for applying for this training course?**  |
| **Tell us about previous experience and current role in Adult and Community Education?**  |
| **This training programme will explore advanced themes related to Global Citizenship Education (GCE) within the context of Adult and Community Education. As this is an advanced-level course, please outline your professional experience with GCE and/or related themes such as human rights, environmental justice, and the UN Sustainable Development Goals (UNSDGs).** |
| **What are your personal learning goals for this training?**  |
| **How do you plan to apply what you learn to your professional practice?**  |

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| **Other Information** |
| **Will you be able to commit to the entire project timeline?**Yes / No |
| **More Information:** |
| **Please specify any special requirements we should be aware of, such as mobility needs, medical conditions, allergies, dietary restrictions, or other relevant considerations.** |
| **Where did you hear about the**  |
| *Saolta* | *Development Perspectives* | *Friend or Colleague* |
| *Dochas* | *IDEA* | *Social Media* |
| *Other, please specify:* |
| **Participant Commitment and Acknowledgements** |
|  | *I commit to fully participating in the entire training process, including: preparing thoroughly before the training, attending the full duration of the course and engaging in the evaluation process.* |
|  | *I understand that while I may provide information about any special needs, I remain personally responsible for managing my own health.* |
|  | *I agree to cover any personal expenses related to my participation, including flights, visas, and associated fees.* |
|  | *I acknowledge that I am responsible for taking all necessary steps regarding vaccinations and insurance.* |
|  | *I will ensure I have valid health insurance coverage for the duration of the training course.* |
|  | *By checking this box, I acknowledge that travel to and within Liberia may involve certain challenges, such as limited infrastructure, transportation difficulties, and unpredictable conditions.* |
| **Is there any reason that you are aware of that would restrict your capacity to be able to travel to and from Liberia?**  |