

Application for Action 2 – European Voluntary service

Please fill in all relevant sections of this application. It is compulsory to annex ALL documents requested in the check list. Please consult the Programme Guide to find all the information you need to lead your project and to fill in this application form.

Part I. Project identification and summary

Project number	
To be filled in by the National Agency	Postmark/Date of receipt

Name of the applicant	
Please indicate the name and acronym of the applicant organisation.	

Title of the project	
Please give a short title to the project.	

Type of Activity	
Please tick the boxes corresponding to the EVS project for which you are submitting this application.	
The geographic scope of the project covers: (tick <u>one</u> box only)	<input type="checkbox"/> Programme Countries <input type="checkbox"/> Programme Countries and Neighbouring Partner Countries <input type="checkbox"/> Programme Countries and the Other Partner Countries of the World
The project comprises Activities of the following type: (tick <u>one</u> box only)	<input type="checkbox"/> Individual EVS <input type="checkbox"/> Group EVS (max 6 volunteers) <input type="checkbox"/> Both Individual and Group EVS <input type="checkbox"/> Project linked to a large-scale European or international event

Duration of the project ¹			
Please indicate the total duration of the project from preparation to evaluation.			
Start date of the project : (date when the first costs incur)	/ /	End date of the project: (date when the last costs incur)	/ /

¹ Maximum duration of the project: 6 months. Project will start within 31/12/2010 and will finish within 31/07/2011.

Part I. Project identification and summary (cont.)

Relevance to the general objectives of the Youth in Action Programme

Please tick relevant box(es).

The project:

- promotes young people's active citizenship in general and their European citizenship in particular;
- develops solidarity and promote tolerance among young people, in particular in order to foster social cohesion in the European Union;
- fosters mutual understanding between young people in different countries;
- contributes to developing the quality of support systems for youth activities and the capabilities of civil society organisations in the youth field;
- promotes European cooperation in the youth field.

Relevance to the priorities of the Youth in Action Programme

Please tick relevant box(es).

Permanent thematic priorities

- European Citizenship
- Participation of young people
- Cultural diversity
- Inclusion of young people with fewer opportunities

Annual priorities

- European Year for Combating Poverty and Social Exclusion
- Youth unemployment
- Global challenges (such as sustainable development, climate change, migrations and the Millennium Development Goals)

National priorities

- If so, please specify:

Other priorities - If so, please specify:

Please explain the context, the origin and the objectives of your project and in what way it meets the objectives and the priorities you ticked above.

Main themes for the Activities

Please tick not more than 2 boxes.

- | | |
|---|---|
| <input type="checkbox"/> European awareness | <input type="checkbox"/> Post conflict/post-disaster rehabilitation |
| <input type="checkbox"/> Inter-religious dialogue | <input type="checkbox"/> Urban/Rural development |
| <input type="checkbox"/> Anti-discrimination | <input type="checkbox"/> Youth policies |
| <input type="checkbox"/> Art and culture | <input type="checkbox"/> Media and communications/Youth information |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Education through sport and outdoor activities |
| <input type="checkbox"/> Minorities | <input type="checkbox"/> Health |
| <input type="checkbox"/> Gender equality | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Non-discrimination based on sexual orientation | <input type="checkbox"/> Development Cooperation |
| <input type="checkbox"/> Other – If so, please specify: | <input type="checkbox"/> Roma communities |

Please describe how the theme(s) will be dealt with in the project.

Part I. Project identification and summary (cont.)

Summary of the project

Please give a short description of your project (approximately 10-15 lines). Please note that if your project is approved, this paragraph may be used for publication. Therefore be accurate and include the venues, the type of EVS project, the themes, the objectives, the duration of the Service(s) (in months), the countries involved, the number of volunteers, the implemented activities and the methods applied. This summary should be completed in English, French or German, regardless of which language you use to fill in the rest of this application. Please be concise and clear.

Details of partners involved in EVS Activities

Please note the following: all Host Organisations (HO) or all Sending Organisations (SO) of a given EVS Activity must be based in the country of the Coordinating Organisation (applicant). Moreover, every Host and Sending Organisation located in a Programme Country or in a SEE Country must be accredited and have a reference to an approved Expression of Interest (EI). Please also include the Coordinating Organisation in the table if it sends and/or hosts volunteers.

If more space is needed, please add rows.

Name of SO	Sending country	EI reference number	Name of HO	Host country	EI reference number	Number of volunteer(s) ³	Service start date (dd/mm/yy)	Service end date (dd/mm/yy)	Service duration
<i>Total</i>									

³ Up to 6 volunteers may participate in a project. The names of the volunteers do not need to be identified at this stage.

Part II. Applicant

A. Details of the applicant (Coordinating Organisation)

Name	_____		
Accreditation reference number (EI) ⁴	_____		
Street address	_____		
Postcode	_____	City	_____
Region	_____	Country	_____
Email	_____	Website	_____
Telephone	_____	Telefax	_____

⁴ The Coordinating Organisation established in a Programme Country or in South East Europe must be accredited and have a reference to an approved Expression of Interest (EI).

Person authorised to sign the contract on behalf of the applicant (legal representative)

Family name (Ms/Mr)	_____	First name	_____
Position/function	_____		

Person in charge of the project (contact person)

Family name (Ms/Mr)	_____	First name	_____
Position/function	_____		
Email	_____		
Telephone	_____	Telefax	_____

B. Profile and role of the applicant

Type and status	<input type="checkbox"/> Non profit/non governmental organisation <input type="checkbox"/> Public body <input type="checkbox"/> Body active at European level in the youth field <input type="checkbox"/> Profit-making organisation ⁵ <input type="checkbox"/> International governmental organisation <input type="checkbox"/> Other – please specify: _____			
Activity level	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<input type="checkbox"/> European/international
Role	<input type="checkbox"/> Sending Organisation <input type="checkbox"/> Host Organisation <input type="checkbox"/> Both Sending and Host Organisation <input type="checkbox"/> Only Coordinating Organisation (neither Sending nor Host Organisation)			

Please give a short description of your organisation (regular activities, member of, etc.) and describe your capacity and motivation to complete the proposed project.

⁵ Only when it organises an event in the area of youth, sport or culture.

Part III. Partner promoter(s)

A. Details of the partner

Name	_____		
Street address	_____		
Postcode & city	_____	Country	_____
Region	_____	EI reference	_____
Email	_____	Website	_____
Telephone	_____	Telefax	_____

Person in charge of the project (contact person)

Family name (Ms/Mr)	_____	First name	_____
Position/function	_____		
Email	_____		
Telephone	_____	Telefax	_____

B. Profile and role of the partner

Type and status	<input type="checkbox"/> Non profit/non governmental organisation <input type="checkbox"/> Public body <input type="checkbox"/> Body active at European level in the field of youth <input type="checkbox"/> Profit-making organisation ⁶ <input type="checkbox"/> International governmental organisation <input type="checkbox"/> Other – please specify: _____			
Activity level	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> European/international <input type="checkbox"/> Member organisation of the applicant			
Role	<input type="checkbox"/> Sending Organisation <input type="checkbox"/> Host Organisation			
<i>Please give a short description of your organisation (regular activities, member of, etc.):</i> 				

⁶ Only when it organises an event in the area of youth, sport or culture.

C. Preliminary agreement of the partner

I, the undersigned, on behalf of (repeat the name of the partner)

confirm our participation in each stage of the project (repeat the title of the project as stated in Part I):

The project will respect the provisions of the EVS Charter and the Programme Guide of the Youth in Action Programme. I am aware of the right and obligation of the volunteer(s) to participate in the EVS Training and Evaluation Cycle offered by the National Agencies in Programme Countries and by the SALTO-Youth SEE Resource Centre in South East Europe. If part of this training and evaluation session is carried out by my organisation (according to provisions indicated in the Programme Guide), such events will fully respect the European minimum standards and guidelines for EVS volunteer trainings.

I confirm that my organisation/group has not applied for funding for this project to another National Agency.

I declare having reached an agreement with all the promoters involved in the project with regard to the share of Torino Municipality grant my organisation is entitled to receive in order to implement the project.

Furthermore, I confirm my undertaking to ensure visibility of the Municipality of Torino and of the Italian National Agency support for the project and to ensure dissemination and exploitation of its results.

Name in capital letters: _____

Place: _____ Signature: _____

Date: _____

Part IV. Project description

A. Partnership and coordination

Please indicate how you found the other promoter(s), how you established an efficient partnership, and how the partner(s) will cooperate and be involved in the project.

Please also describe your role as Coordinating Organisation and the coordination tasks you will carry out throughout the project.

B. Volunteer profile and recruitment process

The Coordinating and/or Host and/or Sending Organisation(s) undertake(s) to select volunteers aged between 18 and 30 years and legally residing in a Programme Country or in a Partner Country. Young people with fewer opportunities can also participate from the age of 16. When recruiting volunteers, the Coordinating/Host/Sending Organisation(s) undertake(s) to maintain the overall accessibility to EVS and to aim at gender balance.

Please describe the expected volunteer profile(s) and selection process of the volunteer(s):

- *the profile of volunteer candidates,*
- *how you foresee informing the "vacant EVS placement",*
- *how the volunteer(s) will be selected among the candidates and how the openness and transparency of the selection process will be ensured,*
- *how the Activity will match the volunteers' profile or interests,*
- *how you will avoid job substitution,*
- *if specific skills are required, please justify.*

C. Inclusion of young volunteers with fewer opportunities

Does your project involve young people with fewer opportunities (facing a situation that makes their inclusion in society more difficult, see main situations/obstacles identified herebelow) and/or special needs (mobility problems, health care, etc.)? If so, please describe and motivate.

Number of estimated volunteers with fewer opportunities involved in the project:

Please tick the situation(s) they face:

- | | | |
|---|--|--|
| <input type="checkbox"/> Social obstacles | <input type="checkbox"/> Economic obstacles | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Educational difficulties | <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Geographical obstacles | <input type="checkbox"/> Other – please specify: | |

D. Training and support of volunteers:

Please describe:

- how the volunteers will be prepared, trained and supported (including upon return to their sending countries);
- the objectives, the content and a programme of the planned Activities [if you are in charge of organising the EVS Training and Evaluation Cycle for the volunteer(s)].

E. Intercultural dimension:

Please indicate if and how your project reflects the following characteristics:

- the Activity increases young people's positive awareness of other cultures;
- the Activity supports dialogue and intercultural encounters with other young people from different backgrounds and cultures;
- the Activity helps to prevent and combat prejudice, racism and all attitudes leading to exclusion;
- the Activity develops sense of tolerance and understanding of diversity.

F. European dimension:

Please indicate if and how your project reflects the following characteristics; tick box(es) and then describe:

- the Activity fosters young people's sense of European citizenship and helps them to understand their role as part of the present and future of Europe;*
- the Activity reflects a common concern for European society, such as racism, xenophobia and anti-semitism, drug abuse...;*
- the Activity's theme is linked to EU topics, such as EU enlargement, the roles and activities of the European institutions, the EU's action in matters affecting young people;*
- the Activity debates the founding principles of the EU, i.e. principles of liberty, democracy, respect for human rights and fundamental freedoms, and the rule of law.*

G. Visibility:

Apart from the compulsory use of the Logos , please describe:

- *how you will ensure the visibility of the project;*
- *how your project will provide clear promotional added value for the project "Torino incontra l'Europa".*

H. Dissemination and exploitation of results:

Please give a detailed description of standard measures planned in view to disseminate and exploit the results of the Activities in order to optimise their value, strengthen their impact and ensure that the largest possible number of young people and organisations benefit from them.

Please indicate how the volunteer(s) will be involved in these measures.

Have you planned additional measures assuring dissemination and exploitation of project's results? Yes No
If so, please describe them.

I. Impact and multiplying effect:

Please explain the expected impact on the volunteers and the local communities involved in the project and which measures are foreseen to attain these impacts. In a long term perspective, please describe how you plan to achieve a multiplying effect and sustainable impact.

Part V. Activity description

A. Structure of the Activity:

Please fill in this part for each Activity in the project (one "Activity description" per Activity).

If more space is needed, please extend boxes

Activity n° (1, 2, 3...):

Type of Activity:

(tick one box only)

Individual EVS

Group EVS (max 6 volunteers)

Number of volunteers⁷

Number of Sending Organisation(s) involved⁸

Name of Sending Organisation(s) involved

Number of Host Organisation(s) involved⁸

Name of Host Organisation(s) involved

⁷Up to 6 volunteers may participate in one Activity. The maximum number of volunteers per project is 6.

⁸Each Activity must involve at least one EU Country.

B. Activity design:

Please describe:

- the different phases of the Activity (preparation, implementation and evaluation)
- how the Activity is complying with the qualitative criteria of the EVS charter
- the role and tasks of the volunteer(s)
- the practical arrangements (working hours, days off, holidays, food, accommodation, local transport)
- how the Service(s) will contribute to the social and personal development of the volunteer(s), and what are the expected learning outcomes.

Please provide a timetable describing a standard week of Service of each volunteer involved in the Activity.

C. Mentor:

Please describe the role of the mentor(s) and give their contact details⁹.

Family name (Ms/Mr) _____

First name _____

Email _____

Telephone _____

Telefax _____

D. Risk prevention and crisis management:

Please describe the general approach to risk prevention and crisis management measures in the Activity.

⁹ If two or more mentors are involved, please add rows.

Part V. Activity description – Involvement of young people with fewer opportunities (to be filled in only for Activities involving young people with fewer opportunities)

E. Advance Planning Visit:

Have you planned an Advance Planning Visit?

Yes No

If so, please indicate the proposed programme, dates and venue.

F. Reinforced mentorship:

Do you foresee a reinforced mentorship to increase personal support of the volunteer(s) with fewer opportunities?

Yes No

If so, please describe the details of the specific personal support made available (tailor-made approach, how is the support arranged, who provides it, with which qualifications/experiences, which specific risk prevention measures are foreseen, etc.).

Part VI. Budget**ALL ITEMS IN EUROS**

For further information please consult the Programme Guide for the overview of funding rules and the lump sums/scales of unit costs. Please note that the National Agencies may modify the amounts indicated in the grant request according to the funding rules of the Programme Guide.

A. Grant requested from the “Torino incontra l’Europa”

	Amount requested	Amount granted (to be filled in by the National Agency)
Travel costs of the volunteer(s) (90% of actual costs)		
Sending Activity costs (scale of unit costs)		
Host Activity costs (scale of unit costs)		
Visa costs, visa-related costs and vaccination costs (100% of actual costs)		
Volunteer's allowance (scale of unit costs - country specific)		
Coordination costs (scale of unit costs)		
Costs for additional dissemination and exploitation of results (100% of actual costs - up to € 500 x number of promoters)		
Additional funding for projects including young people with fewer opportunities		
Advance Planning Visit – travel costs (100% of actual costs)		
Advance Planning Visit – other costs (scales of unit costs)		
Cost related to a reinforced mentorship (scale of unit costs)		
Exceptional costs (100% actual costs)		
EVS Training and Evaluation Cycle (if applicable)		
Costs related to on-arrival training (100% of actual costs – up to € 900 x number of participants)		
Costs related to pre-departure training, mid-term evaluation, evaluation of the Activity (100% of actual costs – up to € 500 x number of participants)		
Total grant requested from the “Torino incontra l’Europa”		

B. Co-financing

	Amount
Own resources	
Other contributions to this project (please specify each source):	

C. Detailed calculation of grant requested

ALL ITEMS IN EUROS

If more space is needed, please add rows.

Travel costs of the volunteer(s)

Please note: only cheapest means of transport/fares are subject to reimbursement.

Organisation and country	Number of volunteers	From	To	Means of transport	Total costs (100%)	Grant requested (90%)
<i>TOTAL</i>						

Sending Activity costs

Organisation and country	Number of volunteers	Unit cost (per volunteer)	Amount requested
<i>TOTAL</i>			

Host Activity costs

Organisation and country	Number of volunteers	Duration in months	Unit cost	Amount requested
<i>TOTAL</i>				

Visa costs, visa related costs and vaccination costs (if applicable)

Specification	Costs
<i>TOTAL</i>	

Volunteer's allowance				
Host organisation and country	Number of volunteers	Duration in months	Unit cost	Amount requested
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
<i>TOTAL</i>				

Coordination costs (if applicable)		
Number of promoters	Unit cost (per promoter)	Amount requested
<i>SUBTOTAL</i>		

Number of volunteers	Unit cost (per volunteer)	Amount requested
<i>SUBTOTAL</i>		
<i>TOTAL Coordination costs</i>		

Costs for additional dissemination and exploitation of results	
Specification	Costs
-----	-----
-----	-----
<i>TOTAL</i>	

Advance Planning Visit – travel costs (if applicable)					
Sending Organisation	Number of participants	From	To	Means of transport	Costs
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
<i>TOTAL</i>					

Advance planning visit – other costs (if applicable)				
Sending Organisation	Number of sending promoters	Duration (max 2 nights)	Unit cost per night per person	Amount requested
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
<i>TOTAL</i>				

Cost related to a reinforced mentorship (if applicable)				
Organisation and country	Number of volunteers	Duration of Service in month	Unit cost	Amount requested
<i>TOTAL</i>				

Exceptional costs (if applicable)	
Specification	Costs
<i>TOTAL</i>	

Costs related to an on-arrival training (if applicable)		
Specification	Provided by	Amount requested
<i>TOTAL</i>		

Costs related to pre-departure training, mid-term evaluation, evaluation of the Activity (if applicable)		
Specification	Provided by	Amount requested
<i>TOTAL</i>		

Part VII. Bank details

Please fill in the details needed for the payment to reach the account of the applicant.

A. Account details

Account holder	_____		
Address	_____		
Postcode	_____	City	_____
Region	_____	Country	_____

Contact

Family name (<i>Ms/Mr</i>)	_____	First name	_____
Email	_____		
Telephone	_____	Telefax	_____

B. Bank details

Bank name	_____		
Branch address	_____		
Postcode	_____	City	_____
Region	_____	Country	_____
Account number	_____		
IBAN (if applicable)	_____		
BIC (if applicable)	_____		
Sort Code (if applicable)	_____		

Remarks

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Part VIII. Signature of the legal representative

The applicant undertakes to inform the National Agency of all changes affecting the activities as described in this form.

The applicant allows the National Agency to make available and use all data provided in this application form for the purposes of managing data on young people. All personal data collected for the purpose of this project shall be processed in accordance with National rules on the protection of individuals with regard to the processing of personal data by the Municipality of Torino and by the Italian National Agency.

Data subjects may, on written request, gain access to their personal data. They should address any questions regarding the processing of their personal data to the National Agency in charge of the management of their application.

The applicant undertakes to inform the promoters and participants in its project on the provisions and practices regarding data protection applied under the project "Torino incontra l'Europa".

Applicant

Name:

Legal representative

Name in capital letters:

Place:

Signature:

Date:

Part IX. Declaration on honour

To be completed by the person authorised to enter into legally binding commitments on behalf of the applicant.

I, the undersigned, hereby request a grant from the Municipality of Torino in the framework of the project "Torino incontra l'Europa" of EUR to implement the action covered by this application.

I certify that all information contained in this application, including project description, is correct to the best of my knowledge and am aware of the content of the annexes to the application form.

I confirm that my organisation/group has the financial and operational capacity to complete the proposed project.

I confirm that my organisation/group has taken the appropriate measures to ensure the protection and safety of participants involved in the project.

I take note that under the provisions of the national financial rules applicable to the grants, may not be awarded to applicants who are in any of the following situations:

(a) if they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(b) if they have been convicted of an offence concerning their professional conduct by a judgment which has the force of *res judicata*;

(c) if they have been guilty of grave professional misconduct proven by any means which the contracting authority can justify;

(d) if they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;

(e) if they have been the subject of a judgment which has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

(f) if following another procurement procedure or grant award procedure financed by the Municipality of Torino budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations;

(g) if, on the date of the grant award procedure, they are subject to a conflict of interest;

(h) if, on the date of the grant award procedure, they are guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the grant award procedure or fail to supply this information.

I confirm that neither I nor the organisation/group for which I am acting as legal representative are in any of the situations described above, and am aware that the penalties set out in the Financial Regulation may be applied in the case of a false declaration.

In the event that my grant application is successful, I authorise the Agency to publish on its internet site or in any other appropriate medium:

- The name and address of the beneficiary of the grant;
- The subject of the grant;
- The amount awarded and the rate of funding of the costs of the approved work programme.

By signing this application form, I accept all the conditions set out in the Youth in Action Programme Guide published on the website of the Italian National Agency.

Place:

Date (day/month/year):

Signature:

Stamp of the applicant:

Name in capital letters:

Position/function:

Check list

Before returning this application form to the National Agency, please check the following:

❖ The application must include the following documents:

- the present **application form**, duly completed and signed in original by the person authorised to enter into legally binding commitments on behalf of the applicant (signatures required in Parts VIII and IX of this form), together with the **Preliminary agreements** with all partner promoters, duly completed and signed in original. Please note that Preliminary agreements can be provided in the form of fax (when submitting the application) on the condition that they are complemented by originals that must be received by the NA before the Evaluation Committee takes place.
- daily timetable of the planned activity
- only for non governmental organisations:** an extract from the official gazette/trade register, and certificate of liability to VAT (if, as in certain countries, the trade register number and VAT number are identical, only one of these documents is required);
- only for informal groups of young people:** a copy of the group representative's **identity card or passport**.

❖ Additional mandatory documents for grant requests **exceeding € 25 000:**

all applicant promoters – with the exception of public bodies - funding exceeding € 25 000 must submit, together with their application form, the following financial documents:

- the profit and loss accounts** of the applicant,
and
- the **balance sheet** for the last financial year for which the accounts have been closed.

The objective is to permit an assessment of the financial capacity of the applicant promoters. Please note there is no specific form to submit the information outlined above.

Annex : Minimum requirements for an Activity Agreement

The Activity Agreement is a key element to ensure a solid partnership among promoters and volunteers in each EVS activity. It shall contain at least the following information:

1. *Project title and reference of the grant agreement (if applicable),*
2. *Names of the Coordinating Organisation, the Sending Organisation(s) and the Host Organisation(s) involved in the Activity,*
3. *Role and tasks of the volunteers*
4. *Division of rights and responsibilities among promoters and volunteers,*
5. *Division of grant (according to the above responsibilities),*
6. *Names and signatures of the representatives of all promoters in the Activity,*
7. *Names and signatures of all volunteers involved in the Activity,*
8. *Signed declaration of each volunteer stating that s/he never took part in EVS previously (with the exception indicated in the Programme Guide).*
9. *A table with all volunteer details (please fill-in the table below).*

A copy of the signed Agreement must be submitted to the granting Agency, either together with the application form or at a later stage. In this last circumstance, the agreement must be sent at least 6 weeks before the Activity starts¹².

It must also be handed out to all partner promoters and volunteers involved in the Activity.

This Agreement is binding on all partner promoters and volunteers involved in the Activity. In case of substantial modifications, a new agreement has to be signed and an updated table with all volunteer's details has to be sent to the above Agencies for information.

Volunteer(s) in Activity n° _____ in project _____ (title and reference of the grant agreement if applicable)

N°	Family name	First name	Name of Sending Organisation	Name of Host Organisation	Volunteer's contact details in their sending country (address, telephone, e-mail)	Volunteer's contact details in their host country (address, telephone, e-mail)	Birth date (dd/mm/yy)	Gender (f/m)	Start date of the Service (dd/mm/yy)	End date of the Service (dd/mm/yy)	Young person with special needs / fewer opportunities (yes/no – specify if needed)	Emergency contact details
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
Etc.												