

Conversations that Matter

Application Form

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| Name:  | Gender:  |
| Address:  |
|  |
|  Date of Birth:  | Postcode:  |
| Telephone:  | Mobile:  |
| Email:  |
| Current place of study or work(if applicable):  |

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|  Course of Study (if applicable):  |
| Please briefly outline your motivation for participating in the programme: |
| **Are you available to attend all three residentials?** |
| **Do you have any medical conditions or disabilities we should be aware of?***If yes, can you give us details of any medication you take, or arrangements which would make your participation easier.* |
| **Do you have any special dietary requirements or allergies?** |

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| Please return the completed application form via post or email to:Lisa Mooney lisamooney@corrymeela.org Corrymeela Community, 5 Drumaroan Road Ballycastle, BT54 6QU Tel: 028 2076 1741**By 9th November** |



