

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): | | | | |
| 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** |



