

Liberté Égalité Fraternité

APPLICATION FORM MENTORING FOR YOUNG EUROPEAN WOMEN IN POLITICS

Surname:		Date of birth:
First name:		Nationality:
Address:		
Postcode: City:		
Country:		
E-mail:		
Telephone:		
Are you an elected representative?	Yes N	No
If yes, please state your function		
If yes, for how long?		
Do you have a professional activity?	Yes	No
If yes, please give details		
If yes, please state your company o	· institution	
What languages do you speak?		

Tell us about yourself and why you would like to take part in this mentoring programme
Have you ever encountered difficulties progressing in politics? Please specify
How do you think you could benefit from this mentoring programme?

Do you feel you have contributed in building a Europe that is fairer - as well as more inclusive, resilient and democratic? If yes, how so?