Application Form



Which Journey Are You Applying For ?	Month	Year
Section A - Personal Details		
Surname:	First Names:	
Date of Birth:	Nationality:	
Passport Number: Home Address: (please include the name of the nearest cit	Passport Expiry Date:	
,		
Are You Able To Speak Fluent Arabic ?	Yes	No
Are You Able To Speak Fluent English?	Yes	No
Telephone Number :		
E-mail:		
Mobile:		
If you are offered a place on Connecting Cultures, wha	at is the nearest airport	that you would prefer to fly from
If you are under 18, do you have your parent's permiss	sion to apply for this ex	pedition?
Yes	No	
Your parents full name and address:		
Name.		
Address.		
If we needed to contact someone in an emergency venames and telephone numbers so we can do so.	whilst you are here in O	man, please provide two
Name 1	2	
Number 1	2	
Are you a vegetarian or do you have any special dieta	ry requirements? - plea	se say what they are.

Section B Connecting Cultures and You

More than 350 youth ambassadors from 32 nations have now taken part on Connecting Cultures journeys to what we call the University of the Desert. Our courses are physically demanding, and take place entirely out of doors. You will sleep in small tents, and must be fit enough to walk up to 8 km each day. You will be unable to contact your family for several days.

You may need more space than this form allows, so please use a separate sheet for your answers to the following questions if needed.

Vhat are your lo	ong term goals in life -	what do you want	to do in the next 1	ifteen years?	
Vhat experience	e have you had working	g as a member of	a team so far in yo	ur life?	
low would you	describe your general	level of fitness - v	vhat do you do to l	keep fit and healthy?	
•			-		
lease explain wh	y you are interested in joi	ining a Connecting (Cultures expedition -	how do you think you will ber	nefi
/hat do you alrea	dy do that improves the I	ives of other people	?		

, , , , , , , , , , , , , , , , , , , ,	ld choose you to go – what can you offer to make the course a succe	
Referees		
	d contact details of two people we can contact who can support your applica	ation.
These people should not be n	nembers of your family, or related to you.	
Name		
Name		
Position	Organisation	
Phone	E-mail	
Fax		
Name		
Position	Organisation	
Bloom		
Phone	E-mail	
Fax		
Applicants Sign	ature Parents Signature (if applicant is under 18 years old	

Please send the completed form by email or fax to;

Sokayna EL HADDAD, Connecting Cultures, Outward Bound Oman, PO Box 748 Madinat Qaboos 115, Sultanate of Oman,



