Application Form



Which Journey Are You Applying For ?	Month	
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: y to you)	
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	t is the nearest airport that you would prefer to fly	from?
If you are under 18, do you have your parent's permiss	ion to apply for this expedition?	
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.	vhilst you are here in Oman, please provide two	
Name 1	2	
Number 1	2	
Are you a vegetarian or do you have any special dieta	y requirements? - please 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.

	ong term goals i	n life - what do	you want to	do in the nex	kt fifteen year	rs?
Vhat experienc	e have you had	working as a r	nember of a te	eam so far in	your life?	
low would you	describe your g	eneral level of	f fitness - wha	t do you do t	o keep fit an	d healthy?
lease explain w	ny you are interest	ed in joining a (Connecting Cul	ures expedition	on - how do yo	ou think you will bene
			-			-
		raa tha liiraa cf -	other neonle?			
/hat do you alrea	ady do that improv	res the lives of C	other people:			
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/hat do you alrea	ady do that improv	res the lives of C	The people :			

Why do you think we should choose you to go – what can you offer to make the course a success?				
Referees				
Please provide the names and co	ntact details of two people we can contact	t who can support your application.		
These people should not be mem	bers of your family, or related to you.			
Name				
Position	Organisation			
Phone	E-mail			
Fax				
Name				
Position	Organisation			
Phone	E-mail			
Fax				
Applicants Signatur	re	Parents Signature (ifapplicant is under 18 years old)		

Please send the completed form by email or fax to;

Date:....

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