Lasallian Developing World Projects 2014

www.LDWP.org

[APPLICATION FORM: PRINT CLEARLY]

NAME: As seen on your PASSPORT

ADDRESS:

Please print your full name, as seen on your passport, on the back of your passport photo.

Your passport must be more than 6 months in date prior to departure date.

☎Phone:

☎ WORK/ALTERNATIVE:

PASSPORT PHOTO x 2

DATE of BIRTH:

PASSPORT NUMBER

FATHER'S NAME:

MOTHER'S NAME:

College Or PLACE of WORK & ADDRESS:

BRIEF PERSONAL HISTORY OF YOURSELF-INCLUDING HEALTH, FAMILY, EDUCATION, WORK EXPERIENCE, TALENTS-MUSIC, SPORT, PASTIMES-EXPECTATIONS REGARDING PROJECT, EXPERIENCE OF WORKING WITH OTHERS, WHAT APPEALS TO YOU ABOUT SUCH A PROJECT, IDEAS OF FUND-RAISING ...ENCLOSE TWO REFERENCES.

Please send completed forms to:

Tom O Neill, De La Salle College, Waterford. Email: thomasjoneill50@mail.com
Or
John McDermott, Mount La Salle, Ballyfermot Road, Dublin 10. Email:
johnmcdermott@ireland.com

Please add additional pages if required and think of including any voluntary work you may have completed, travel experience and include the name of any medication you may need to take

Please inform the Project Coordinators of any health issues, this may not exclude you from the Projects but will allow us formulate the correct conditions for a safe and enjoyable Project for each Group

All successful applicants will be required to obtain written confirmation from their Doctor that they are fully fit to participate in this Project Work. NB Please print your name on the back of your Passport Photos