**ANNEX A**

**APPLICATION FORM**

**WAY Together Project – Walking And Yachting Together**

**INTERREG VI-A Italy–Malta Programme 2021–2027**

**1. PARTICIPANT’S DETAILS**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Age (at the date of application): \_\_\_\_\_\_\_\_\_\_

Gender: ☐ M ☐ F ☐ Other ☐ Prefer not to say

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of residence: ☐ Italy ☐ Malta

Municipality of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Code / National ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. DETAILS OF LEGAL GUARDIANS**

**DETAILS OF PARENT 1 / LEGAL GUARDIAN 1**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with the participant: ☐ Parent ☐ Legal guardian ☐ Support administrator ☐ Other \_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address (if different from the participant’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILS OF PARENT 2 / LEGAL GUARDIAN 2 (if applicable)**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with the participant: ☐ Parent ☐ Legal guardian ☐ Support administrator ☐ Other \_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address (if different from the participant’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. DECLARATION OF COMPLIANCE WITH ELIGIBILITY REQUIREMENTS**

The undersigned, aware of the civil and criminal liabilities provided for in the event of false declarations, hereby declares that the participant meets all the eligibility requirements set out in Article 5 of the Expression of Interest, and in particular that (please tick the boxes where applicable):

☐ is aged between 11 and 30 years inclusive;

☐ holds a diagnosis of a neurodevelopmental disorder falling within DSM-5-TR / ICD-10 / ICD-11 criteria, issued by a competent healthcare facility or professional;

☐ holds certification pursuant to:

☐ Law No. 104/1992 (Italy)

☐ Equal Opportunities (Persons with Disabilities) Act – Chapter 413 (Malta);

☐ does not present serious or decompensated medical conditions, nor clinical conditions incompatible with the project activities;

☐ does not present severe motor impairments preventing safe participation in the planned activities;

☐ does not present severe maladaptive behaviours compromising personal or others’ safety or the regular enjoyment of the activities;

☐ does not present profound intellectual disability nor adaptive functioning levels preventing participation, even with the supports provided by the project;

☐ guarantees adequate family support, necessary to ensure regular and continuous participation in the activities.

The undersigned also declares, knowingly, that no final convictions have been recorded in the last 5 years for the following offences:

☐ Participation in a criminal organisation;

☐ Corruption (as defined by Article 3 of the Convention on the fight against corruption and Article 2(1) of Council Framework Decision 2003/568/JHA);

☐ Fraud (pursuant to Article 1 of the Convention on the protection of the European Communities’ financial interests);

☐ Terrorist offences or offences linked to terrorist activities;

☐ Money laundering of the proceeds of crime or terrorist financing (Directive 2005/60/EC);

☐ Child labour and other forms of trafficking in human beings.

**4. ACTIVITIES OF INTEREST**

☐ Woodland environment activities – Sicily (Troina, EN) – for participants resident in Italy

☐ Marine and sailing activities – Malta – for participants resident in Malta

Number of times available to participate in activities in one’s own territory (min. 1 – max. 3):

☐ 1

☐ 2

☐ 3

Furthermore:

☐ I express interest in participating in the Italy–Malta cross-border experience (participation is possible only once and is subject to the criteria set out in the Expression of Interest).

**5. DECLARATIONS BY THE APPLICANT**

The undersigned declares:

☐ I have read, understood and fully accepted the Expression of Interest of the Way Together project;

☐ All the information provided in this application and inthe attached documentation is true and complete;

☐ I am aware that submission of the application does not entail automatic admission to the project activities;

☐ I undertake to cooperate with the multidisciplinary evaluation phases provided for by the project;

☐ I am aware that participation in the activities depends on the outcomes of the evaluations and on the availability of places.

**6. ATTACHED DOCUMENTATION (MANDATORY – FAILURE TO SUBMIT WILL RESULT IN EXCLUSION)**

☐ Privacy notice and consent to the processing of personal data (ANNEX B)

☐ Consent to the processing of personal data for the purposes of the multidisciplinary evaluation (ANNEX C)

☐ Consent to the processing of personal data relating to the specific project activities (ANNEX D)

☐ Consent to the processing of images and video recordings (ANNEX E)

☐ Copy of participant’s ID

☐ Copy of parent(s)/legal guardian(s) ID

☐ Copy of disability certification

**7. SIGNATURE**

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the participant

*(if of legal age)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of the parent(s) / legal guardian(s)

*(mandatory also in the case of an adult participant)*

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This Annex A forms an integral part of the Expression of Interest of the WAY Together Project – Walking And Yachting Together.