**Application form**

**Mentoring for young European women in politics**

**SURNAME:** Enter your surname

**FIRST NAME:** Enter your given name

**DATE OF BIRTH:** Click or press here to enter a date

**NATIONALITY:** Choose a country from the list

**ADDRESS:** Enter your street and number

**CITY:** Enter your city

**POSTAL CODE:** Enter your postal code

**COUNTRY:** Choose a country from the list

**EMAIL:** Enter your email address

**TELEPHONE:** Enter your telephone number with country code

**ARE YOU AN ELECTED REPRESENTATIVE?** **YES**  **NO**

**IF YES, IN WHAT POSITION?**Enter your elected position

**IF YES, FOR WHAT TERM?**Enter your term

**DO YOU HAVE A PROFESSIONAL ACTIVITY?** **YES**  **NO**

**IF YES, WHAT IS THAT ACTIVITY?**Describe your professional activity

**IF YES, IN WHICH COMPANY/INSTITUTION?**Enter the name of your employer

**WHAT LANGUAGES DO YOU SPEAK?** Enter the languages you speak

**WHO ARE YOU AND WHY DO YOU WANT TO TAKE PART IN THIS MENTORING?**

Enter your response

**HAVE YOU ENCOUNTERED DIFFICULTIES PROGRESSING IN POLITICS?** Enter your response

**WHAT DO YOU HOPE TO GET OUT OF THIS MENTORING?** Enter your response

**HOW DO YOU FEEL YOU HAVE CONTRIBUTED TO BUILDING A FAIRER, MORE INCLUSIVE, RESILIENT AND DEMOCRATIC EUROPE?** Enter your response

**Please complete and send this form and your CV before February 1st 2024, 11:59pm, by email to mentorat.europe@diplomatie.gouv.fr**