**EUFRAS-YPARD Young Advisors Mentoring & Training Program 22/23**

**Application Form**

The participant fee calculated with full costs is around 5000 €. The mentors offer their working time pro bono. Thanks to the Erasmus+ funding and the pro bono support of the Bavarian State Leadership Academy for Nutrition, Agriculture and Forestry and the EUFRAS board, we can offer this program to a reduced cost. The participant fee is **970 €**.

The participant fee is to be paid before October 30, 2022, after confirmation of acceptance and registration.

**Application procedure**

* the filled Application forms
* your CV
* the filled in Self-Assessment Form please send via E-Mail.

When we accept your application, we will send a confirmation email which will include an invoice with the bank details.

**Application Deadline**

Application deadline is **October 26, 2022**

The payment of the application fee must be received by **October 30, 2022.**

Please contact us in case of questions.

**Application, organizational and financial questions**

**Contact Person**

Liga Cimermane

EUFRAS Office

Phone number: +37126799662
E-Mail: **liga.cimermane@llkc.lv**

**Application Form**

I hereby apply for the participation at the EUFRAS-YPARD Young Advisors Mentoring & Training Program 22/23.

First and last name:

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| --- |
|  |

Date and City:

|  |
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|  |

Address:

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|  |

Email:

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Is this application supported by the head of the applicant’s advisory service firm? (Yes/No)

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| --- |
|  |

(If YES), Name of Institution:

|  |
| --- |
|  |

Director’s name and Date:

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Will you be able to commit to joining the YEUFRAS network by participating in activities, such as workshops, networking meetings, and other events? Please indicate below to which capacity you’ll be able to engage:

F Full commitment

 Occa

 Occasional engagement

 Not interested in taking part of YEUFRAS Network

Application Requirements:

I read the **General Terms** and agree.

I added my **CV**

the filled in **Self-Assessment Form**

|  |  |  |
| --- | --- | --- |
|  |  | **Competence/experience in this field of work \*** |
| . | **Field of experience** | **1** | **2** | **3** | **4** | **5** |
|  | One to One Consulting |  |  |  |  |  |
|  | Leading Working Groups (e.g., Farmers’ Working Groups) |  |  |  |  |  |
|  | Support Multi-Actor Innovation Groups and Networks (e.g., OGs) |  |  |  |  |  |
|  | Management of Advisory Service  |  |  |  |  |  |
|  | Education and Event Management |  |  |  |  |  |
|  | Teaching/Lecturing |  |  |  |  |  |
|  | Communication/methodological/leadership training |  |  |  |  |  |
|  | Project Management |  |  |  |  |  |
|  | Moderation of Events |  |  |  |  |  |
|  | Mediation/Conflict Management |  |  |  |  |  |
|  | Coaching |  |  |  |  |  |
|  | Agricultural Economics  |  |  |  |  |  |
|  | Farmer’s health, Gender Equity, Work Organization |  |  |  |  |  |

1. Professional Experience: Advisory Work – Analysis for Participants

\* 1 new – I have never worked in this context

2 basics – I have experience in this field, but not in a responsible position, or only parts of it

3 moderate – I have some experience in this field of work (up to one year)

4 confident – that’s my profession, I am active in this field for various years, I have provided various events and measures in this professional field, documentation available with little effort

5 standard – I am an (senior) expert in this, I regularly teach, give advice/trainings on my own, documentation is readily available

1. Professional Experience: Previous Certifications

Please indicate if you have taken part in CECRA trainings, if so, please write down the modules you have already completed.

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1. Professional Experience: Advisory Work Specialty Area

Please select the specialty of the advisory work that you focus on as this will allow us to match you with the correct mentor.

|  |  |
| --- | --- |
| Plants Production |  |
| Animal Husbandry |  |
| Economics/Household Economics/Marketing  |  |
| Environment/Agroecology |  |
| Ecological/Organic Farming |  |
| Horticulture |  |
| Forestry |  |
| Other/please specify: |  |