

List of participants

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responsible organization

seal/logo

General information

Where the Franco-German Youth Office (FGYO) is concerned, the list of participants is a record for the actual duration of the participation and at the same time a receipt for travel allowances in case of necessary individual travels. It is therefore part of the proof of use and needs to be filled out carefully and correctly.

Practical information

The list of participants is available in German (list D), French (list F) and English (list E). For technical reasons, French participants have to fill out list F, German participants list D and participants from all other countries list E.

If only a group from Germany or France should receive financial support (e.g. travel expenses to the partner's country), only list D or F needs to be handed in to the FGYO. For financial support for participants from Germany, France and other countries, three lists must be filled out (D, F and E), because electronic registration won't be possible otherwise.

Participants with a nationality different to their country of domicile (e.g. children of guest workers, stateless persons) should be enrolled in list F if their domicile is in France, in list D if their domicile is in Germany, and in list E if their domicile is located elsewhere.

• Column 3 "Age"

Do not indicate the year of birth, but your actual age at the beginning of the program.

• Column 4 "Days of participation"

Please note that the days of arrival and departure are not considered.

• Column 7 "Apprentice"

Students doing an apprenticeship are requested to tick this box.

• Column 8 "Employed"

Please also tick if you are housewife, a person in mandatory military service or a person in alternative, non-military service.

• Column 9 "Searching for employment/professional integration"

Please tick if you have not been working yet, if you have already finished school or an apprenticeship (with or without diploma), and if you have not yet found employment.

• Column 13 "Individual travels"

In case a person has to travel on his/her own (e.g. for seminars with open individual inscription), the travel allowance total will be calculated based on twice the rate shown in the table. The travel allowance is a lump sum paid to the responsible body, not to the individual participant. The responsible body can divide the travel allowance up among participants based on their real travel expenses and offset any differences as specified in the rate in the table.

Columns 1 to 12 must be completed individually by every participant.

Please enter the names of persons supporting and accompanying the trip on the last page!
(if and when necessary interpreters and speakers).

Country: _____ Date: from _____ to: _____ Location: _____ File number: _____ 1 Last name, first name Street no., street Postal code, city	2	3	4	5	6	7	8	9	10	11	12	13
	Region	Age	Days of participation (excluding arrival and departure days)	Attending school	Apprentice	Student at university	Employed	Searching for employment/ professional integration	Others	I already participated in a program of FGYO (except for return encounter)	Signature	To be filled out by the coordinator, only valid for individual travels. Twice the rate shown in table
Example: SMITH, John 1, Main Street Bigtown BG23 4YZ												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
											SUBTOTAL	

Columns 1 to 12 must be completed individually by every participant.

Please enter the names of persons supporting and accompanying the trip on the last page!
(if and when necessary interpreters and speakers).

Country: _____ Date: from _____ to: _____ Location: _____ File number: _____ 1 Last name, first name Street no., street Postal code, city	2	3	4	5	6	7	8	9	10	11	12	13
	Region	Age	Days of participation (excluding arrival and departure days)	Attending school	Apprentice	Student at university	Employed	Searching for employment/ professional integration	Others	I already participated in a program of FGYO (except for return encounter)	Signature	To be filled out by the coordinator, only valid for individual travels. Twice the rate shown in table
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
											SUBTOTAL	

Columns 1 to 12 must be completed individually by every participant.

Please enter the names of persons supporting and accompanying the trip on the last page (if and when necessary interpreters and speakers).

Country: _____ Date: from _____ to: _____ Location: _____ File number: _____	2	3	4	5	6	7	8	9	10	11	12	13
1 Last name, first name Street no., street Postal code, city	Region	Age	Days of participation (excluding arrival and departure days)	Attending school	Apprentice	Student at university	Employed	Searching for employment/ professional integration	Others	I already participated in a program of FGYO (except for return encounter)	Signature	To be filled out by the coordinator, only valid for individual travels. Twice the rate shown in table
28												
29												
30												
31												
32												
											TOTAL 1	

Executive team (also interpreters or speakers)

	Region	Function*	Days of participation	Signature	
1					
2					
3					
4					
5					
6					
7					
				TOTAL 2	

*T= executive team / C = companion