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| **APPLICATION FORM**  **for participation in the work of the Coordination for the Integration of Persons Granted International Protection of the City of Zagreb** | | |
| **INFORMATION ON THE CANDIDATE FOR THE COMMITTEE MEMBER** | | |
| The candidate is a representative of a migrant group from the **following category:**  *(tick)* | | ☐ persons granted international protection  ☐ persons granted temporary protection  ☐ foreign workers who have a residence and work permit in the Republic of Croatia |
| Name and surname | |  |
| Address: | |  |
| Contact information *(provide at least one piece of information: phone number, mobile phone, e-mail)* | |  |
| Education | |  |
| Employment | |  |
| Other activities | |  |
| **Place and date** |  | |
| **Signature** |  | |