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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**  |  |