

2020

*The 14th Children's Map Contest for Community Safety*

**Application Form**

**<Individual>**

|                                    |        |   |                      |
|------------------------------------|--------|---|----------------------|
| <b>Name</b>                        |        |   |                      |
| <b>Title of Map</b>                |        |   |                      |
| <b>Name of School</b>              |        |   |                      |
| <b>Year</b>                        |        | <b>Gender identity</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |                      |
| <b>Nationality</b>                 |        | <b>Language</b>   |                      |
| <b>Contact Person</b>              |        |   |                      |
| <b>Name</b>                        |        |   |                      |
| <b>Relationship with applicant</b> |        |   |                      |
| <b>Address</b>                     |        |   | <b>Country</b> _____ |
| <b>Phone Number</b>                | (Home) | (Mobile)  |                      |
| <b>Fax Number</b>                  |        |   |                      |
| <b>E-mail</b>                      |        |   |                      |

**<Group>**

**\*Please note that the group is subject to up to 5 primary school children.**

|                                    |   |                       |   |
|------------------------------------|---|-----------------------|---|
| <b>Name 1</b>                      | <b>Year</b> _____   | <b>Name 2</b>         | <b>Year</b> _____   |
|                                    | <b>Gender identity</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |                       | <b>Gender identity</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| <b>Name of School</b>              |   | <b>Name of School</b> |   |
| <b>Name 3</b>                      | <b>Year</b> _____   | <b>Name 4</b>         | <b>Year</b> _____   |
|                                    | <b>Gender identity</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |                       | <b>Gender identity</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| <b>Name of School</b>              |   | <b>Name of School</b> |   |
| <b>Name 5</b>                      | <b>Year</b> _____   | <b>Nationality</b>    |   |
|                                    | <b>Sex</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male             |                       |   |
| <b>Name of School</b>              |   | <b>Language</b>       |   |
| <b>Title of Map</b>                |   |                       |   |
| <b>Contact Person</b>              |   |                       |   |
| <b>Name</b>                        |   |                       |   |
| <b>Relationship with applicant</b> |   |                       |   |
| <b>Address</b>                     |   |                       | <b>Country</b> _____  |
| <b>Phone Number</b>                | (Home)  | (Mobile)              |   |
| <b>Fax Number</b>                  |   |                       |   |
| <b>E-mail</b>                      |   |                       |   |