YOU SHOULD STATES OF A STATES

DO YOU KNOW YOUR COMMUNITY?



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COMMUNITY ANALYSIS FORM - OVER 18

| Surname | | |
|-------------------------|--|--|
| | | |
| Place and date of birth | | |
| | | |
| Nationality | | |
| | | |
| Telephone number | | |

E-mail

Name

Gender

MALEFEMALEOTHER

What is your religion or belief?

What's your favourite food? Do you follow a special diet? Any allergy/intolerance?

What are your favourite hobbies?

What are your interests and passions?

Do you prefer outdoor or indoor activities?

Do you feel comfortable doing activities in big groups?

What skill would you like to learn in your future life

What do you think you could teach to the other participants?

Are you comfortable with taking responsibility?

Can you describe your friends and what you usually do with them?

Can you describe your family? Do you have any children?

Tell us about one or two people who have inspired you the most and why.

Tell us about your strengths and weaknesses.

Do you have a driving license?

| YES |
|-----|
| NO |

COMMUNITY ANALYSIS FORM - UNDER 18

Name

Surname

Place and date of birth

Nationality

Telephone number

Describe your family and what activities you do with them, especially during the weekends.

What do you do in your free time?

Do you practise any sport? What are your favourite ones?

Do you prefer outdoor or indoor activities?

Who are your favourite singers?

How do you use social media? What's your favourite app?

What's an activity that you would like to do and you can't do anywhere else?