

**IV European Meeting for Young People affected by HIV/AIDS**  
 IV Congrès européen des jeunes concernés par le VIH/SIDA  
 IV Europäische Tagung für Jugendliche, die von HIV/AIDS betroffen sind

Zurich, Switzerland July 24 – 31, 2004

Organised by **AIDS & CHILD** Swiss Foundation for direct assistance to children affected by AIDS  
 in Co-operation with the European Forum on HIV/AIDS Children and Families

Application Form	
Name	First Name
Birth date	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home address	Zip code
City	Country
Phone	e-mail
Religion	Languages
Vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No	Special dietary requirements <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which
Is there any other thing you want us to know?	
Emergency Address	Emergency Phone
Place, Date	Signature
Accompanied by Keyworker	
Name	First Name
Organisation	
Place, Date	
Parent's/Guardian's Signature <small>(I have read the details about the European Meeting for Young People and agree that the applicant mentioned above can attend the Meeting)</small>	

Please return all forms to:  
 by fax: +41 1 422 62 92  
 or by e-mail to:  
[jauslin@aidsandchild.org](mailto:jauslin@aidsandchild.org)

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<b>Medication Form:</b>	
Name of applicant	First name of applicant
Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Taken under supervision <input type="checkbox"/> Yes <input type="checkbox"/> No
Treating Doctor Name address phone	Hospital Address Phone
<b>Medical History</b>	
Infectious diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting / Dizziness <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other medical problems, please give details:  	
Place, Date	
Signature	

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In order to take care of the young conference participant we need to have certain information concerning their health.

**Please complete the form below in English and in CAPITAL letters**

I have seen the programme and information sheet for the Young People's Conference on July 24 – 31, 2004.

I undersigned \_\_\_\_\_ Name of Parent or Guardian

give permission for \_\_\_\_\_ Name of Young Participant to attend. I confirm that they are able to participate in the workshop.

If at any point the young participant requires urgent medical treatment and provided I cannot be contacted personally,

I give permission for \_\_\_\_\_ Name of Keyworker acting as 'loco parentis' to authorise any necessary medical treatment required.

I understand that while every reasonable care will be taken, the leaders of the party cannot be held responsible for any loss, damage or injury as a result of the project.

Name of Participant
Date of birth
Fully address
Contact Phone number - day
Contact Phone number - evening/night
Contact Name
Relationship to Young Participant

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**Details**

1. The participants should know about their HIV status if they are HIV positive, or know about the HIV status of other family members
2. Adherence: It has to be clearly defined whether the participants will take their medicine on their own responsibility or if they need assistance
3. Consent from their parent or guardian to attend
4. If possible, permission to travel without an adult
5. Have some understanding of spoken English

**Costs**

**Included**

- Costs of travel within Switzerland
- Costs of board and lodgings during the stay

**NOT included**

- All cost of travel to and from Switzerland
- Travel Insurance
- Health Insurance
- Participants Medicine
- Pocket money

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