Annex B (EXPRESSION OF INTEREST)

Ref: RESTORATIVE APPROACH TO JUVENILE JUSTICE: SOCIO - EDUCATIVE MODEL OF REINTEGRATION

AND ALTERNATIVE MEASURES TO DETENTION – AID 011925

**1 CONTACT PERSON**

|  |  |
| --- | --- |
| **Name** |  |
| **VAT number** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**2 EXPERIENCES**

Please fill in the table below to summarise, at least 1 work experience in the Juvenile Justice system and at least 3 experiences providing trainings or capacity building activities, in the last 10 years.

|  |  |
| --- | --- |
| **Contract title - subject** |  |
| **Timeframe (start date and end date)** |  |
| **Brief description of the experience** | |
|  | |

|  |  |
| --- | --- |
| **Contract title - subject** |  |
| **Timeframe (start date and end date)** |  |
| **Brief description of the experience** | |
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| **Contract title - subject** |  |
| **Timeframe (start date and end date)** |  |
| **Brief description of the experience** | |
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| **Contract title - subject** |  |
| **Timeframe (start date and end date)** |  |
| **Brief description of the experience** | |
|  | |

I hereby acknowledge that I may be subject to criminal, administrative and financial penalties (as per Article 76 of the Italian Presidential Decree no. 445/2000) if any of the declarations or information provided prove to be false.

Full name Date Signature

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