

PROJET – SOTU CAMEROUN

Training workshop of Journalists on African Union mechanisms

APPLICATION FORM

Identification

Name and Surname:.....

| Type of media (tick) | Coverage (if applicable) | Parution/Circulation (if applicable) |
|--|--------------------------|--------------------------------------|
| Radio | | |
| TV | | |
| Newspaper (precise if monthly, quarterly, etc.) | | |
| Others..... | | |

Contacts : Email1 :..... Tél :

Are you a member of an association of journalists ? Precise:.....

Training Workshop

Have you ever been a member of a network: Yes No

Why do you want to be part of the training ?

1.....

2.....

What's your opinion about a « Journalist Network My African Union » ?

1.....

2.....

3.....

How do you intend to capitalize and put in profit the training?

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At the