

Clip or staple
two photos,
this size
(do not glue). Please
print your name in
block letters on the
reverse of each
photo

TRAINING COURSE APPLICATION FORM

Please complete this form in full, by computer or by hand, printing clearly in black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to. Return 2 copies of the form in hard copy to:

Via ECC, Ravensburger Straße 12, 89079, Ulm, Germany
TEL: (+49) 17651656067
E-MAIL: ec@eduardocalixto.com

If you send your application by e-mail, please send the hard copy or a scanned version signed up. Your application should reach ECC by the deadline given in the course announcement. Forms that are not received in hard copy or that are incomplete will not be considered.

1. CANDIDATE

.....
FAMILY NAME (SURNAME)

.....
FIRST NAME(S)

.....
NATIONALITY

.....
DATE OF BIRTH: DAY MONTH YEAR

.....
COUNTRY

.....
INSTITUTION/BUSINESS NAME AND ADDRESS (you must provide this information)

.....
CITY

.....
COUNTRY

.....
POSTAL CODE

.....
OFFICE TELEPHONE (+ area code)

.....
HOME TELEPHONE (+ area code)

.....
FAX (+ area code)

.....
E-MAIL

.....
INVOICE MAILING ADDRESS (if different from above)

2. TRAINING ACTIVITY

Indicate the course for which you are applying

COURSE TITLE	YEAR	VENUE
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3. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS		
FULL NAME OF INSTITUTION AND COUNTRY	DURATION (FROM – TO)	DEGREE OBTAINED (Title and subject)
B. RELEVANT PROFESSIONAL COURSES		

4. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Spoken					
	1	2	3	4	5
English					
French					
Spanish					
Italian					

Understanding					
1	2	3	4	5	

Written					
1	2	3	4	5	

In the case of a course to be held in English, please enclose a certificate attesting your knowledge, for instance from the British Council or from an internationally accredited EFL course provider in the case of English or equivalent as appropriate.

5. PROFESSIONAL ACTIVITIES

PRESENT OCCUPATION

FROM (DATE)

INSTITUTION, ORGANIZATION OR COMPANY

ADDRESS

TELEPHONE (+ area code)

FAX (+ area code)

E-MAIL

NAME OF PERSON WHO SUPERVISES YOU AND HIS/HER E-MAIL ADDRESS

Describe your current responsibilities and professional activities

6. PERSONAL STATEMENT

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development and your institution

7. OFFICIAL ENDORSEMENT

Your application will not be considered unless this section is correctly filled in by the person endorsing the application (public official, employer, or academic supervisor). The undersigned:

NAME	TITLE OR POSITION	INSTITUTION OR ORGANIZATION
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ADDRESS	TELEPHONE (+ area code)	FAX (+ area code)	E-MAIL
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endorses the application of the candidate: [NAME.....]

Will the candidate's present position still be available to him/her after the course is over? YES NO

SIGNATURE OF PERSON ENDORSING APPLICATION	DATE	STAMP OF INSTITUTION
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8. CANDIDATE'S STATEMENT

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed training course. I also take note that if my application is accepted, I shall have to my own trip cost expense and follow instructions received from ECC. I accepted that my participation in the course will be conditional upon the training payment conditions.

CANDIDATE'S SIGNATURE	DATE
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How did you learn about the course?
