

APPLICATION FORM

Training basic data	
Course	Project Build-up & Development
Total number of hours	22 hours
First training day (planned)	08/06/2021
Planned date of completion	24/06/2021
Personal data of the applicant (to be filled in by the training participant)	
Given name and family name	
Birth name(s)	
Place of birth	
Date of birth (year, month, day)	
Mother's birth name	
Email address	
Highest level of education	<input type="checkbox"/> no education <input type="checkbox"/> primary education <input type="checkbox"/> secondary education <input type="checkbox"/> vocational/technical training course <input type="checkbox"/> college/university degree <input type="checkbox"/> advanced vocational training
Contact and other data (to be filled in by the training participant)	
Participant's mailing address	
Participant's phone number	
Invoice training costs to: (name, address, tax number)	
Statements by the applicant for training	
Services related to adult education activities	<input type="checkbox"/> are required <input type="checkbox"/> are not required
<p>I, the undersigned, in my quality as Training Applicant, hereby declare that I have read the information related to personal data management and processing, and by submitting the present completed application form to the Trainer, I consent to the processing of my data for the described purpose.</p> <p>Purpose of data management and processing: Participation in training under by the Act on Adult Education</p> <p>Legal basis of data management: Legitimate interest of the trainer</p> <p>Duration of data management: From the day on which the application form is submitted until the day on which the Adult Education Contract expires or is revoked.</p> <p>Scope of data management: All data on the application form and possible data usage related to the vocational training and qualifications of the persons participating will only be used in the training context.</p>	
<p>I, the undersigned, am aware of my responsibilities under criminal law, and hereby state that the information provided on this application form is accurate. I have also received full information about the training (registration number in the register of adult educators, training information, training fee, payment terms, right to withdraw, customer service policy, complaint handling, how to use services related to adult education activities, data management information, adult educator data, etc.).</p>	

Date:, 2021

Signature of training participant