

TRAINING COURSE APPLICATION FORM

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

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 _____

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					

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

ADDRESS TELEPHONE (+ area code) FAX (+ area code) E-MAIL

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

8. COURSE CONDITIONS:

Course Investment per Attendee: € 238,00 (€ 200,00 plus 19% VAT)

If you want to attend the online training fill the complete electronic form on the ECC website (www.eduardocalixto.com) and send this training form signed to ec@eduardocalixto.com. After confirmation of participation the payment shall be done directly on ECC website. After 48 hours payment confirmation, you will receive the invitation to attend the training online.

During the training:

- **Internet Connections:** Attendees are responsible for their own internet connection
- **Substitutions:** Substitutions are not allowed
- **Cancellations:** There´s no cancellations accepted after the payment. In case of the attendee is not able to attend online training, the attendees will get 24 hours access to the training record.
- **No Shows:** Registrants who do not attend the event and who do not notify ECC prior to the 24 hours start date will be subject to the full registration fee and will not have the ability to transfer the registration. The registrant that does not attend the training shall contact ECC via ec@eduardocalixto.com in 24 hours after the training to get access to the record video. The Attendees that will not be able to attend the training after the payment will get 24 hours access to the training record.
- The attendees need to use their own computer or laptop
- **Bibliography:** *the bibliography will be provided by the instructor. No copy of the training material is in anyway not allowed subjected to copyright.* All theoretical and practical part will be demonstrated by ppt slides that the attendees. The attendees will not get the training material due to copy rights.

- **Individual access:** In case of necessary access to the recorded video for no show, the access is individual not transferred subjected to the access cancellation and charge for the additional access. ECC can control each access to the virtual class.

9. 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 accept all conditions declared in the item 8. I accepted that my participation in the course will be conditional upon the training payment conditions.

CANDIDATE'S SIGNATURE

DATE

How did you learn about the course?
