

Application form

"Heart Puzzle" training course

Ljubljana, 23rd September – 30th September 2013

Information on participant¹

Name (as written in personal identification documents):

Last name (as written in personal identification documents):

Date of Birth (day, month, and year):

Place of Birth (city/town, country):

Address (permanent residence):

Name of Street:

Number of Street:

City/Town:

Zip code:

E-mail:

Mobile Phone Number:

Country of Residence:

¹ All information provided by the participant will be dealt with in confidence for the purpose of implementing the "Heart Puzzle" project, and in accordance with the Personal Data Protection Act of Republic of Slovenia, available at (in English): <https://www.ip-rs.si/index.php?id=382>.



This project has been funded with the support from the European Commission.



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What are your expectations for the training? Describe briefly. (max 100 words)

How confident are you to communicate in English – both verbally and written?

Do you feel any discomfort or do you have any fears connected to your participation at the training course? If you do, please describe them as detailed as possible. This will help us create a safe environment for everyone.

Do you have any special dietary needs? Please describe them as detailed as possible. For example: If you are a vegetarian, please also state whether you eat fish, sea food, milk, dairy products, eggs ...

Do you have any other special needs the host organization should be aware of? If you do, please describe them as detailed as possible.



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Anything else you would like the host organization to be aware of? Do you have any special request/message for the host organization?

Please provide us with information on a person you wish the organizers contact in case of an emergency (accident, illness etc.).

Name:

Last name:

Mobile Phone Number:

E-mail:

Relation to you (parent, sibling, friend, partner etc.):



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