**TCA: “….”**

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| **PART 1: APPLICANT DETAILS** | |
| **First name:** |  |
| **Family name:** |  |
| **Email:** |  |
| **Mobile phone:** |  |
| **Specific needs (dietary/access):** |  |

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| **PART 2: ORGANISATION DETAILS** | |
| **Name:** |  |
| **Address:** |  |
| **Website:** |  |
| **Key target groups:** |  |
| **Public organisation**  **Private organisation** | |

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| **PART 3: EXPERIENCE AND RELEVANCE** | |
| **Outline your personal experience of and connection to the event topics:** |  |
| **Please describe the needs of your organisation connected to this seminar?** |  |
| What about the realization of projects in the framework of Erasmus+ programme, key action for your organization**?** |  |
| **In what way have you worked with the theme of the seminar before?** |  |
| **Briefly your motivation to participate in this seminar** |  |
| **How would you like to incorporate the learning from the event into your current/future work?** |  |
| **What do you expect from the seminar?** |  |
| **Do you have any experience from the EPale Platform? (in case you also work with Adult Learners)** |  |

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| **DECLARATION** |

Please note that to participate you must agree to the following conditions:

I confirm that I have approval from my organisation to participate in this event.  
 I commit to take part in the full duration of the event.   
 I agree that information about my organisation will be shared with other participants.  
 I acknowledge that the event may be photographed or recorded by Universitets- och Högskolerådet.

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| **Date:** |  |
| **Signature of applicant:** |  |

|  |  |
| --- | --- |
| **Date:** |  |
| **Signature of organisation legal representative:** |  |

**Please return this application form to**