Please note that this is only a preview of the registration form. The registration form is available on line through this **enrolment link**.

# Leonardo da Vinci Contact Seminar

# "Linking VET to market needs"

**REGISTRATION FORM** 

15-18 October 2012 Dubrovnik, Croatia

\*Required

## **PERSONAL INFORMATION**

	itle: *	AHON								
0	Mrs									
	Ms irst name: *									
Le	ast name: *									
C	Country: *									
E	-mail: *									
Telephone: *										
Special dietary requirements:										
Do you need any additional hotel nights?  (i.e. if due to travel arrangements you arrive a day before the seminar/have to leave a day after)										
Ρ	lease specify the da	tes.								
K	nowledge of foreign	language: * None	A1/A2	B1/B2	C1/C2					
	English	0	0	0	0	-				
	French	0	0	0	0					
	German	0	0	0	0	-				
	Spanish	0	0	0	0					







	None	A1/A2	B1/B2	C1/C2
Italian	0	0	$\circ$	0
Other special require	ements:			
1				<b>Y</b>
				<u> </u>
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Your position in the organization: \*





# PREPARATION FOR THE SEMINAR

	vnich sector is your organization active: "Multiple Choice possible					
	Auto industry					
	Beauty					
	IT					
	Telecommunications					
	Tourism					
	I represent the National Agency (NA)					
Whi	ich action are you interested in: * Multiple choice possible					
	IVT Mobility					
	VETPRO Mobility					
	Partnerships					
Му	organization can provide training placement for: * Multiple choice possible					
exc	Trainees in Initial Vocational Training (IVT): apprentices, pupils in vocational training, trainees cept in higher education					
train	Professionals in Vocational Education and Training (VETPRO): teachers, trainers, vocational ining staff, guidance counsellors, principles, etc.					
	We can't provide training placement					
_	vious participation in EU projects: * Multiple choice possible					
	YES, in Leonardo da Vinci projects					
	YES, in other LLP projects					
	YES, in some other EU projects					
	NO					
Plee	ase give a brief description of the future cooperation idea. * (Max 700 characters)					
4	<u>▼</u>					
Flig	ht details: Arrival time * Date and time					
Flig	ht details: Departure time * Date and time					







## **SPECIFIC REQUIREMENTS/NEEDS**

#### Information on the Life Long Learning Programme?

YES, I would like to receive more information on the LLP

NO, I already have sufficient knowledge of the LLP

#### Information on the Project Life Cycle?

YES, I would like to receive more informarmation on the project life cyle

NO, I have been already involved in Leonardo da Vinci projects

### Information on the Grant application form?

YES, I would like to receive explanations on the grant application form

NO, I am already familiar with it





