

REGISTRATION FORM

PLEASE REGISTER ME ON THE COURSE DETAILED BELOW

Please complete box A or box B NOT both

BOX A I will definitely attend this course <input type="checkbox"/> I have already been awarded an Erasmus+ Grant <input type="checkbox"/> I have already been awarded a different grant <input type="checkbox"/> I intend to pay my own fees <input type="checkbox"/>	BOX B I would like to attend this course but will only do so if I am awarded a grant <input type="checkbox"/> My school is applying for Erasmus+ funding (Spring 2024) <input type="checkbox"/> I am applying for a different grant <input type="checkbox"/>
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COURSE INFORMATION	
COURSE TITLE:	
COURSE LOCATION:	
COURSE DATES:	
APPLICANT INFORMATION	
NAME OF TEACHER:	
ADDRESS:	
COUNTRY:	NATIONALITY:
EMAIL:	
TELEPHONE:	
Male/Female:	Date of Birth:
Approximate Level of English	A1 A2 B1 B1+ B2 C1 C2
Subjects you teach:	
Age of your pupils:	
APPLICANT'S SCHOOL/COLLEGE INFORMATION	
NAME of YOUR SCHOOL/ COLLEGE:	
ADDRESS:	
COUNTRY:	
EMAIL:	
TELEPHONE:	
TODAY'S DATE:	