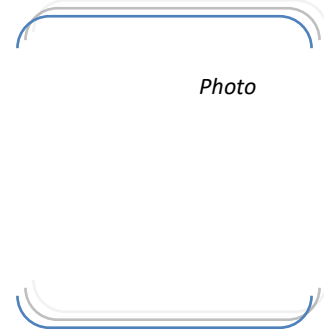




Life Long Learning Center 2
Region of Central Macedonia

LIFE LONG LEARNING LEVEL 2 CENTER OF REGION OF CENTRAL MACEDONIA .

Main Offices:
 TERMA OMONOIAS, SERRES
 TEL. 2321045405, 2321037865
 FAX. 2321051861
Information offices:
 SERRES, YPSILANTOU 4 Str., 3rd FLOOR
 TEL. +030 23210 23640
 FAX. +030 23210 51861
 Website : www.kekpkm.gr
 E-mail : info@kekpkm.gr



Pr. No.

Serres,...../...../.....

<i>Apply as:</i>	<i>Apply for:</i>	✓
Natural Person	PLANNING AND IMPLEMENTATION OF INTERMEDIATE AND FINAL EVALUATION OF THREE (3) TRAINING PROGRAMS, WITH 20 PARTICIPANTS EACH, THAT WILL BE IMPLEMENTED IN GREECE	
	PLANNING AND IMPLEMENTATION OF INTERMEDIATE AND FINAL EVALUATION OF FOUR (4) TRAINING PROGRAMS, WITH 20 PARTICIPANTS EACH, THAT WILL BE IMPLEMENTED IN THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	
	BOTH	
Legal Entity	PLANNING AND IMPLEMENTATION OF INTERMEDIATE AND FINAL EVALUATION OF THREE (3) TRAINING PROGRAMS, WITH 20 PARTICIPANTS EACH, THAT WILL BE IMPLEMENTED IN GREECE	
	PLANNING AND IMPLEMENTATION OF INTERMEDIATE AND FINAL EVALUATION OF FOUR (4) TRAINING PROGRAMS, WITH 20 PARTICIPANTS EACH, THAT WILL BE IMPLEMENTED IN THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA	
	BOTH	

Natural Person Application

For the implementation of project ToCULTER in IPA Cross-Border Programme 'Greece-The Former Yugoslav Republic of Macedonia 2014-2020'

Please fill in the following form with accurate information

LAST NAME:						
FIRST NAME:						
FATHERS NAME:						
DATE OF BIRTH (in numbers):						
GENDER:			MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
ID/PASSPORT Number:						
ADDRESS:			STR.	NUMBER.	CITY	
TELEPHONE NUMBER:						
			HOME		CELLULAR	
Email:						
Professional experience in E.U. Funded cross-border Programmes' actions			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :						
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number	
Specialized experience in evaluation planning and implementation of training actions			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :						
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number	
Specialized experience in evaluation planning and implementation of actions in E.U. Funded Programmes			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :						
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number	

Current professional status	
Unemployed?	Civil servant?
Freelance?	Private Sector Employed?

Qualifications:	
Bachelor Degree:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes ? No ?
MSc Title:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes ? No ?
MSc Title:	
University-Department:	
Date received:	
PhD (in relevant field):	Yes ? No ?
PhD Title:	
University-Department:	
Date received:	
Languages:	
English Language :	Yes ? No ?
Certificate Title:	.....
Level:	.....
Language of the former Yugoslav Republic of Macedonia	Yes ? No ?
Certificate Title:	.....
Level:	.....
Native language	Yes ? No ?
Greek language	Yes ? No ?
Certificate Title:	.....
Level:	.....
Native language	Yes ? No ?
Computer Skills:	
Certificate Title:	
Description:	

Attached are submitted the following enumerated documents:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.

DECLARATION

I hereby declare that the information is true and correct. In case any of the above information is found to be false or untrue or inaccurate, I am aware that I may be held liable for according to the Law 1599/1986.

Legal Entity Application

(Executive A)

For the implementation of project ToCULTER in IPA Cross-Border Programme 'Greece-The Former Yugoslav Republic of Macedonia 2014-2020'

Please fill in the following form with accurate information

OFFICIAL ENTITY NAME					
LEGAL FORM					
HEADQUARTERS ADDRESS					
CITY / COUNTRY / ZIP CODE					
TEL.					
EMAIL					
LAST NAME:					
FIRST NAME:					
FATHERS NAME:					
DATE OF BIRTH (in numbers):					
GENDER:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
ID/PASSPORT Number:					
ADDRESS:		STR.		NUMBER.	
				CITY	
TELEPHONE NUMBER:					
		HOME		CELLULAR	
Email:					
Professional experience in E.U. Funded cross-border Programmes' actions		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number
Specialized experience in evaluation planning and implementation of training actions			Yes <input type="checkbox"/>		No <input type="checkbox"/>
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

Specialized experience in evaluation planning and implementation of actions in E.U. Funded Programmes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

Current professional position - description

Qualifications:	
Bachelor Degree:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
PhD (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
PhD Title:	
University-Department:	
Date received:	
Languages:	
English Language :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Language of the former Yugoslav Republic of Macedonia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Native language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Greek language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Native language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Skills:	

Certificate Title:	
Description:	

Attached are submitted the following enumerated documents:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.

DECLARATION

I hereby declare that the information is true and correct. In case any of the above information is found to be false or untrue or inaccurate, I am aware that I may be held liable for according to the Law 1599/1986.

.....
Candidate Signature

.....
Date

Legal Entity Application

(Executive B)

For the implementation of project ToCULTER in IPA Cross-Border Programme 'Greece-The Former Yugoslav Republic of Macedonia 2014-2020'

Please fill in the following form with accurate information

OFFICIAL ENTITY NAME					
LEGAL FORM					
HEADQUARTERS ADDRESS					
CITY / COUNTRY / ZIP CODE					
TEL.					
EMAIL					
LAST NAME:					
FIRST NAME:					
FATHERS NAME:					
DATE OF BIRTH (in numbers):					
GENDER:		MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
ID/PASSPORT Number:					
ADDRESS:		STR.		NUMBER.	
				CITY	
TELEPHONE NUMBER:					
		HOME		CELLULAR	
Email:					
Professional experience in E.U. Funded cross-border Programmes' actions		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number
Specialized experience in evaluation planning and implementation of training actions			Yes <input type="checkbox"/>		No <input type="checkbox"/>
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

Specialized experience in evaluation planning and implementation of actions in E.U. Funded Programmes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If 'yes' please describe :					
Sequence Number	Title / Position	Employer	Duration (From – To)	Duration in months	Document Number

Current professional position - description

Qualifications:	
Bachelor Degree:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
MSc Degree (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
MSc Title:	
University-Department:	
Date received:	
PhD (in relevant field):	Yes <input type="checkbox"/> No <input type="checkbox"/>
PhD Title:	
University-Department:	
Date received:	
Languages:	
English Language :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Language of the former Yugoslav Republic of Macedonia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Native language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Greek language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Title:	.....
Level:	.....
Native language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Skills:	
Certificate Title:	
Description:	

Attached are submitted the following enumerated documents:

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3.	4.
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21.	22.

DECLARATION

I hereby declare that the information is true and correct. In case any of the above information is found to be false or untrue or inaccurate, I am aware that I may be held liable for according to the Law 1599/1986.

.....
Candidate Signature

.....
Date