



Central Offices:
Melenikitsi, Serres
TEL.: +030 2321099207
FAX: +030 2321051861

Information Offices:
Serres, Ypsilantou 4 Str.
3rd floor
TEL.: +030 2321 0 23640
FAX: +030 2321051861

Training Offices:
HU.R.MA OFFICE
Serres, End of Omonoia Str.,
TEL.: +030 2321 0 23640
FAX: +030 2321051861



LIFE LONG LEARNING CENTER OF REGION OF CENTRAL MACEDONIA LEVEL 2 - REGIONAL UNIT OF SERRES



Website: www.kekpkm.gr
www.park-interreg.eu
E-mail : info@kekpkm.gr

The project is co-funded by the European Union and by National Funds of the participating countries



Date: .../.../.....
No:

TRAINEE APPLICATION FORM

“INTERNET LEARNING PROGRAM - E-LEARNING”

in the framework of Action 4.2

“internet learning program - e-learning”

of the project

"Networking of SME's from creative industries in cross border region"

With acronym “PARK”.

PHOTO

FULL NAME:

.....

APPLICANTS CURRENT SITUATION	
1. Entrepreneur	
2. Employee	
3. Unemployed potential entrepreneur	



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1. LAST NAME:		2. FIRST NAME:	
3. FATHER'S LAST NAME:		4. FATHER'S FIRST NAME: MOTHER'S FIRST NAME:	
5. RESIDENTIAL ADDRESS STREET: _____ NUMBER: _____ TOWN: _____ ZIP: _____		6. HOME PHONE NUMBER: MOBILE PHONE NUMBER: e-mail: _____	
7. DATE OF BIRTH (DD/MM/YY):			
8. SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
9. I.D. OR PASSPORT NUMBER:			
10. TAX IDENTIFICATION NUMBER:			
11. SOCIAL SECURITY NUMBER:			
12. CITIZENSHIP:			
13. ETHNICITY:			
14. MARITAL STATUS: UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/>			
15. NUMBER OF CHILDREN:			
16. MONTHS OF UNEMPLOYEMENT			
17. OCCUPATIONAL SPECIALTY		1. _____	
		2. _____	

18. AGE	
<20	
20-25	
25-30	
>30	

19. EDUCATIONAL DETAILS			
Elementary			Year:
General Secondary			Year:
Technical Secondary		Certificate/Diploma:	Year:
Specialized Secondary		Certificate/Diploma:	Year:
Vocational Secondary		Certificate/Diploma:	Year:
University		Name of University: Degree/Diploma:	Year:
Master		Name of University: Degree/Diploma:	Year:
Phd		Name of University: Degree/Diploma:	Year:



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20. HAVE YOU ATTENDED OTHER TRAINING PROGRAMS?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

21. PROFESSIONAL EXPERIENCE	
NO	
YES (>25 years old)	
YES (<25 years old)	

22. Please, describe in chronological order your work experience beginning from the most recent job held. If you were / are self-employed give firm name.

Position	Company / Firm	Employment Dates
		From (month/year): Until (month/year):
		From (month/year): Until (month/year):

23. Please note the reasons that you wish to participate in the particular training program:

- Financial reasons
- Developing use of leisure
- Knowledge expansion and upgrading skills
- Specializing in the field
- Interested in the topics
- Employment facilitation
- Other reason (please describe)
.....
.....
.....
.....



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24. Please describe your business idea (only employees and unemployed potential entrepreneurs)

.....

25. Do you wish to participate in the action ‘Joint Web-based Business Promotional Platform’? (only entrepreneurs)

YES

NO

PERSONAL STATEMENT

I certify that the information provided on this application is accurate, true and correct.

Location/Date:,/...../..... **Signature**

APPLICANT’S DOCUMENTS	CHECK
1. Application Form	
2. I.D. (copy)	
3. Tax Identification Number (copy)	
4. Certificates / Degrees / Diplomas (copy)	



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