



Application Form Workshop “Shelters” Tzoumerka, 1st-6th May 2019

Attach
a personal photo

Please fully complete this form, by computer or by hand, and print it clearly in black ink. To fill this form by computer, you will need a PDF – Reader which you can download for free at: <https://get.adobe.com/reader/>

When submitting your application by email, please write “Shelters Tzoumerka 2019” in the subject line. Send the completed application to:
info@bouleouki.org

1. Workshop selection

Please use the drop-down menu to choose the Workshop you would like to participate in.

All application documents must be submitted by the deadline:

2. Personal Information

Family name (surname)		First name(s)
Nationality	Date of birth DD/MM/YYYY	Gender
Current Profession		
Current Street address		
City	ZIP/Postal code	Country
Phone/Mobile	E-mail address	
University/Company (if applicable)		

3. Academic Degree / Education

Please fill in the highest academic degree or level of education that you are currently holding. Please use an international name (f.e BSc, MSc, PhD).		
Full name of the institution and the country	Duration (from- to; MM/YYYY)	Academic Degree

4. Language Skills

Please rate your language proficiency: from 1 (poor) to 3 (acceptable) to 5 (very good)			
	Spoken	Understanding	Written
Mother tongue(s)	5	5	5
English			
Other languages:			

5. Motivation – Short Answer Questions

A. Please describe the reasons you are applying for this workshop and what you are hoping to learn from it (100-200 words)

B. Please mention and list if you have any technical skills of relevant craftsmanship or any practical working experience in the construction field (100 words)

I have heard about the workshop from:

6. Workshop Participation Fee

The participation fee for attending the workshop is 350 EUR. This fee will cover tuition, on-site accommodation with half-board (breakfast and a full meal), workshop materials and tools. *Personal and travel expenses are not covered by the participation fee.*

7. Candidate's Statement

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed workshop program. I understand that either by writing or by typing my name below, I am officially signing this document.

Signature	Date
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