

eLF COURSE APPLICATION FORM

Mr./Ms./Mrs. (Full Name) \_\_\_\_\_

born in (Place of birth) \_\_\_\_\_

on (Date of birth) \_\_\_\_\_

Tax ID no. \_\_\_\_\_

is allowed to participate in the following Elf courses,

\_\_\_\_\_

as organized by the local eLF partner \_\_\_\_\_ and declares her/his intention to actually carry out the educational activities related to participation.

In particular, (s)he declares to be aware of and accept the contents of annexed document “eLF - Regulations for application to eLF training courses” and is committed to provide, on request, according to manner specified by the local organizer of the eLF training courses, original and authentic documentation of the participation requirements (Article 2).

Annexes

Signature of Participant

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Signature of the local partner

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