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| **CANDIDATE PERSONAL DATA** | |
| Name |  |
| Surname |  |
| Date of birth |  |
| CONTACT DATA | |
| Address |  |
| Contact number |  |
| E-mail address |  |
| EDUCATION | |
| Full name of University |  |
| Course |  |
| Degree |  |
| Full name of University |  |
| Course |  |
| Degree |  |
| PROFFESIONAL EXPIERENCE (including internships,voluntary activities, student organisations, ngo‘s etc. ) | |
| Employment period |  |
| Full name of employer |  |
| Employment form |  |
| Function |  |
| List of responsibilities |  |
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| Employment period |  |
| Full name of employer |  |
| Employment form |  |
| Function |  |
| List of responsibilities |  |
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|  |
| Employment period |  |
| Full name of employer |  |
| Employment form |  |
| Function |  |
| List of responsibilities |  |
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| Employment period |  |
| Full name of employer |  |
| Employment form |  |
| Function |  |
| List of responsibilities |  |
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| INTERNATIONAL EXPIERENCE  e.g. Erasmus +, EVS, AISEC, etc. | |
| Period |  |
| Name of program |  |
| Qualifications gained |  |
|  |
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| LANGUAGE SKILLS\*  \**OBLIGATORY CONDITION TO BE QUALIFIED FOR THE TRAINING IS FLUENT ORAL AND WRITTEN ENGLISH* | |
| Language |  |
| Level |  |
| Language |  |
| Level |  |
| Language |  |
| Level |  |

**PERSONAL JUSTIFICATION AND EXPECTATIONS TOWARSDS TRAINING**

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**STATEMENTS**

In connection with joining the Trainings, organised in frame of Project titled: **‘Entrepreneurship for All *no 2019-3- TR01-KA205-080186-EK-1’*** funded by the European Union, I declare that at the time of submitting the application for participation in the Project:

I have read the Regulations of the Training and in accordance with its conditions I am entitled to participate in the Project,

I express my willingness to participate in the project “Entrepreneurship for All” covering a two international training courses in the field of entrepreneurship. Dates and duration will be communicated by the organizers on a regular basis.

I agree:

* to provide information about the Project by phone or email (e-mail), taking into account the contact details indicated in this questionnaire;
* the data I have provided to be submitted for evaluation studies implemented for the purposes of the Project;
* photos illustrating my participation in the project activities to be published on the Internet, electronic publications and social networks;
* DZZD Consortium Innovative Capital to collect, process and transfer my personal data to the Lead Partner Tubitak Marmara Teknokent (Turkey) and all project partners - EUROPEAN NETWORK ON INDEPENDENT LIVING BRUSSELS OFFICE (Brussels), Youth for U (Turkey) , which are necessary for reporting, monitoring and evaluation of Project activities in accordance with the GDPR and National legislation for Protection of Personal Data.
* DZZD Consortium Innovative Capital to collect, process and transfer my personal data to parties having the right according the special and general conditions of the subsidy contract to monitor, control and audit the project during and after its implementation in accordance with the GDPR and National legislation for Protection of Personal Data.

**Place, date, Signature of the training participant**

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