

Form for Training Course or Workshop

Applicant Information:

Name:			
College		Mobile	
E-Mail		Fax	

Information about the required Training Course/Workshop

Title of the course/Workshop			
Suggested Date			
Session Time	Morning <input type="checkbox"/>	Evening <input type="checkbox"/>	
Suggested Venue			
Total Hours			
Suggested course Duration			
Expected Target Number			
Target Categories			



❖ The most important objectives of the course

1.
2.
3.
4.

❖ Suggested accompanying activities

1.
2.
3.
4.

Signature of the applicant's/ representative:	Date
E-mail	Fax

- If the course is held at the colleges, a hall equipped with the Internet and a projector must be available as a prerequisite for conducting the course/workshop.