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| **1) APPLICANT DETAILS** |
| **First Name:** |  |
| **Family Name:** |  |
| **Email:** |  |
| **Contact Number:** |  |

Your personal information will be used in the activity management, please make sure that it is correct and complete. It will also be used for documentation, contact and reporting purposes after the seminar.

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| **2) ORGANISATION** |
| **Organisation:** |  |
| **Full Postal Address:** |  |
| **Website:** |  |
| **PIC number** |  |
| **Sector/Key Target Groups:**  |  |
| **[ ]  Private Organisation** | **[ ]  Public Organisation** | **[ ]  Statutory Organisation** |
| **3) EXPERIENCE AND RELEVANCE*****(max 150 words per question)*** |
| **Please briefly describe the main activities of your organisation** |  |
| **Please outline your professional profile and personal experience with the activity topics.** Eg. What is your role/ function in your organisation? In what way have you been involved with adult education and for how long?  |  |
| **Please describe the needs of your organisation and how they will be contributed to by attending this activity?**  |  |
| **How will this activity benefit your target groups, young people and/or stakeholders?** |  |
| **How do you intend to disseminate the results of this activity and what follow up activities will you implement?** |  |
| **How will you incorporate the learning from the event into your current/future work?**Eg. New projects plans, expanding your networks, changes to processes etc.) |  |

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| **4) PRACTICALITIES****Please complete these questions, so we can guarantee a smooth preparation, implementation, and follow-up of the seminar** |
| **I confirm that I am able to work in English** | Yes / No |
| **Please specify any food requirements that you have** Eg. Gluten free, vegetarian, vegan, halal, kasher, etc. |  |
| **Specify any special needs** Eg. mobility, medical condition, etc. |  |
| **Write any important comments or questions that you have here.**  |  |

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| **DECLARATION** |

Please note that to participate you must agree to the following conditions:

**☐** I confirm that I have approval from my organisation to participate in this event.

**☐** I commit myself to **participate** in the whole process, including:

* to prepare myself carefully for the activity and to do all remote preparation work the team needs
* to take part in the full duration of the activity
* to participate in the whole evaluation process

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**☐** I agree that the required co-financing of 5% as outlined by the National Agency will be paid.

**☐**The evaluation process will include compiling a short final report that outlines the activities that took place, outcomes and knowledge sharing that would be beneficial to the relevant sector. This should be completed within 30 days of the activity. Please note that expenses will only be paid once this report has been submitted.

**☐** If, for any exceptional reason, I am unable to attend the activity, I will inform my sending and the hosting National Agency immediately.

**☐** I agree that information about my organisation will be shared with other participants.

**☐** I acknowledge that the event may be photographed or recorded.

With my signature, I hereby confirm the correctness of my application. The provision of personal data is purely voluntary. However, failure to provide such data may make it impossible to process your application and communicate with you.

All personal data requested and contained in the application shall be processed solely for purposes in connection with the organisation, implementation, documentation and follow-up of the TCA as well as for the creation of a list of participants, photos/ group photo, video- audio recordings, printed material for the TCA. The material is collected and/or distributed to document the TCA and facilitate the exchange between the participants for an indefinite amount of time. Co-organizers of this TCA may receive the contact details as well and will be provided with a list of participants for documentation and justification of their efforts. This processing of personal data is under the responsibility of IKY/NA and the NA organizing the TCA of the Erasmus+ Programme. You, on written request, can exercise your rights to gain access to your personal data, to correct any information that is inaccurate or incomplete; to address any questions regarding the processing of your personal data and to cancel or oppose your registration. This authorization may be revoked but without retroactive effect.

As this processing collects and further processes personal data, the Hellenic law Statute 2472/1997 (Official Government Gazette A 50/1997) as amended and in force, the Regulations (EC) 45/2001 and (EU) 2016/679 of the European Parliament and of the Council and the terms of use are applicable. For the purposes of this collection, the personal data you provide may be disclosed co-organizers, to Government departments, National Agencies, the European Commission, organisations and service contractors that are directly involved in the TCA, without prejudice to the possibility of passing the data to the bodies responsible for inspection and audit in accordance with EU legislation.

I am informed, I expressly authorize and I unreservedly consent to all the above mentioned by filling in and submitting this registration form to the IKY/ NA organizers.

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| **Date:**  |  |
| **Signature of applicant:**  |  |

**Application deadline: 26/09/2019**

**Please return this application form to** **tca@iky.gr**