**Supporting the inclusion of disadvantaged audiences and learners with fewer opportunities**

**26-29 Σεπτεμβρίου 2022, Λουβέν (Λέιβε), Βέλγιο**

|  |
| --- |
| **PART 1: APPLICANT DETAILS**  |
| **First name:** |  |
| **Family name:** |  |
| **Your function at school:** |  |
| **- Mother language** **- Knowledge of other language/s** |  |
| **E-mail:** |  |
| **Mobile phone:** |  |
| **Specific needs (dietary/access):**  |  |

|  |
| --- |
| **PART 2: ORGANISATION DETAILS** |
| **Name:** |  |
| **Address:** |  |
| **Website:** |  |
| **Anything else you would like to share? (e.g. topics you are interested in, hobbies...)** |  |

|  |
| --- |
| **PART 3: EXPERIENCE AND RELEVANCE** |
| **Please give a short summary of your professional background, interests and present role in your organization. How this role is connected with the support of students with lower opportunities in the Adult Education?** |  |
| **What professional benefits do you hope to obtain from participating in this activity at personal level?** |  |
| **What professional benefits do you hope to obtain from participating in this activity at institutional and higher levels.** |  |
| **What is your level of experience to the programme, Newcomer or Experienced?.** |  |
| **Is there any additional information you would like to share for facilitating your participation in the TCA?** |  |

|  |
| --- |
| **DECLARATION** |

Please note that in order 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 to take part in the full duration of the event.

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

**☐** 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.

|  |  |
| --- | --- |
| **Date:**  |  |
| **Signature of applicant:**  |  |
| **Signature of Legal Representative:**  |  |

**Application deadline: 03/06/2022**

**Please print this application, fill in the requested fields, sign it (blue ink), put the official stamp of your organisation and send it in a .pdf file format.**

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