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| Participant Details: |
| Name  |       |
| Organization/Company |       |
| Company Activity |       |
| Title/ Position/ Qualifications |       |
| Address/ City/ Post Code |       |
| P.O. BOX |       |
| Telephone |       |  Mobile |       |
| Email |       |
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| Training Program Title : |

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| Purpose of Participation: |
| [ ]  Personal development [ ]  Acquiring knowledge [ ]  Improving skills [ ]  Repetition and deepening of the subject [ ]  Information update[ ]  Other:       |

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| I'm interested my participation to be subsidized by Human Resource Development Authority of Cyprus (HRDA / ANAD): |

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|      DATE | Shape  Description automatically generated with low confidenceSIGNATURE |

[ ]  Yes [ ]  No

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