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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): |

|  |  |
| --- | --- |
| DATE | Shape  Description automatically generated with low confidence  SIGNATURE |

Yes  No