



ADULT EDUCATION INSTITUTION D A N T E

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APPLICATION FORM

for In-service Training

« Learning and Teaching: Interaction through Senses »

Name: _____ Family name: _____

Title: _____ Date of birth(dd/mm/yy): _____ Country: _____

Profession: _____

Telephone: _____ Fax: _____

Mobile phone: _____ E-mail: _____

ORGANISATION

Name: _____ Address: _____

City: _____ Country: _____

Web address: _____

Are you applying for Grundtvig or Comenius grant? (Please specify) _____

Please mark with «✓» which period you are applying for:

☐

02.09. - 08.09.2012.
(deadline for registration 30.04.2012.)

☐

10.03. – 16.03.2013.
(deadline for registration 17.09.2012.)

☐

07.07. – 13.07.2013.
(deadline for registration January 2013.)

Please describe in 30 to 50 words what was your motivation for applying to this In-service Training:

Please write 4 words associated with you:

Thank you for filling up this Application Form. Please send the Application Form as an attachment to our e-mail adress ines.horvat@dante-ri.hr

Upon receipt of the form we will send you the invitation letter.