**Post Graduate Diploma in European Studies and European Funding**

**REGISTRATION FORM / EXPRESSION OF INTEREST FORM**

|  |  |
| --- | --- |
| **Personal Information** | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Mobile Phone |  |
| E-Mail Address |  |
| **Corporate/Volunteer Involvement** | |
|  |  |
| Position |  |
| Company/Organisation Name |  |
| Organisation Phone/Contact |  |
| Company Address |  |
| **Post Graduate Diploma in European Studies and European Funding** | |
| Why do you want to participate in this programme ? |  |
| What benefits do you believe this programme will bring to your organisation/group ? |  |

**Any and all information supplied will be used solely for the purpose of Evaluation of expressions of interest registration and necessitated communication relative to the course programme and membership of the European Institute of Communications. Information will only be shared with course partners and with Institutions where security clearance is required. Sucessfully applications will be required to provide a passport sized photo is required and will be sent to** [**enterprise@carlowcoco.ie**](mailto:enterprise@carlowcoco.ie) **. The photograph should be saved in your name and in the subject matter of the email it should state the following: CarlowCoCo EU2019 and your name.**

SIGNED: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: / /2019

**Successful Candiates will be required to provide: PASSPORT DETAILS**

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| --- | --- | --- | --- | --- |
| Name as appears on Passport | Passport Number | Passport Expiry Date | DOB | Nationality |
|  |  |  |  |  |

**CLOSING DATE: 11th September 2019**

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