





APPLICATION FORM LEADER PROJECT 2018 May 7- 18□

COMPANY/INSTITUTION INFORMATION
Name:
Phone:
Address:
Sector/Industry:
Web:
List the main products/services offered by the company:
Number of Employees:
Year of establishment of the company:
PARTICIPANT'S INFORMATION
Name and Surname:
Date of birth:
Phone:
E-mail:
Education:
Job Position:







GENERAL QUESTIONS
What do you expect to learn during the Leader Trainings?
What skills or knowledge that will be applicable in your everyday work would you like to
acquire during the ten day intensive training?
A servery planning on anoning your even business? Tall us something about your business
Are you planning on opening your own business? Tell us something about your business idea.
idea.





