



To be sent back to House of Training/ ATTF partner in your country Please be aware that we will consider only **fully completed forms**.

APPLICATION FORM

| 🗆 Mr 🗆 Ms | |
|--------------------------------------|---|
| First name: | |
| Last name: | |
| Employer : | |
| Position : | |
| Country : | |
| E-mail* : | |
| * This must be th course in case (s) | e email address with which the candidate will access the online)he is selected. |

I would like to attend the following ATTF open course (one course selection per person only)

| Course title: | | | |
|---------------|--|--|--|
|---------------|--|--|--|

 \Box I declare that I have read and agree to the subscription conditions the House of Training.