Administration use only
No. ☐☐☐☐☐☐☐☐

To apply for a course, please print out the Agreement, complete **section I-VII** in BLOCK CAPITALS and send completed form by regular post or DHL to MDA CAPITAL INVEST, a.s., U Sluncove 14, 180 00, Praha 8, Prague, Czech Republic (The Application Form shall be sent together with this Agreement to the given address above).

TRAINING AGREEMENT

Photograph

I. COURSE DETAILS

Enter the details of the course you would like to apply for.

Day	Month	Year	Training Course Title (e.g. Carpentry)

II. PERSONAL DETAILS

Family Name (Surname):

First Name(s) (in full):

Title (Mr, Mrs, Miss, etc.):

Date of birth: ………/………/19…………

Male: ☐   **Female:** ☐

Nationality:

Occupation:

Permanent address:

Postcode

Telephone Number (Home/Office):

Mobile Number:

E-mail:

Number of years at current address:

Qualification:
Please specify the highest qualification you expect to have when starting the course (please tick appropriate box below).
☐ Level 1
☐ Level 2
☐ Level 3

III. NEXT OF KIN/EMERGENCY CONTACT

Family Surname: **First Name:**

Relationship (e.g. brother):   **Telephone Number:**

Permanent address:

IV.   EMPLOYER/SPONSOR INFORMATION
     (Please compete this section if you are in employment or if you are sponsored by an organization)

Is your employer/sponsor paying your course fees?   **Yes** ☐   **No** ☐

Is your employer/sponsor giving time off to attend the course?   **Yes** ☐   **No** ☐ If yes, give details:

Headquarters address

Postcode _____

Name: _____

Nature of Business: _____

Telephone Number: _____

Contact person's Name: _____

Contact's telephone number: _____

Contact's e-mail: _____

MDACI will provide the employer/sponsor with information concerning your attendance, conduct, progress and achievement.

V.   SUPPORT OF YOUR COURSE
We offer a range of additional support to help you achieve to the best of your ability. Please tell us what you may need. The information will be treated as confidential and will only be used to help us endure get the support you need on your course. Completing this action will not affect you getting onto a course. Please tick all the relevant boxes.

Learning Difficulties
☐ I do not have a learning difficulty
☐ Autism Spectrum Disorder
☐ Dyscalculia
☐ Dyslexia
☐ Dyspraxia
☐ Moderate learning difficulty
☐ Multiple learning difficulties
☐ Severe learning difficulty
☐ Other _____

Disabilities
☐ I do not have a disability
☐ Aspergers syndrome
☐ Asthma
☐ Diabetes
☐ Disability affecting mobility
☐ Emotional/behavior difficulties
☐ Epilepsy
☐ Hearing Impairment
☐ Mental Health difficulty
     Hearing Impairment

☐ Multiple disabilities
☐ Profound complex disabilities
☐ Temporary disability after illness or accident
☐ Visual impairment
☐ Other

Do you have a medical condition that needs treatment?   **No** ☐   **Yes** ☐ If yes, please state:

Is English your second language?   **No** ☐   **Yes** ☐

Do you need extra help to complete your course?   **No** ☐   **Yes** ☐

If yes, do you need language support?   **No** ☐   **Yes** ☐

VI. AGREEMENT

I confirm that before signing this form, I have read the data protection statement and have received, read and agreed to abide by the Terms and Conditions of Enrolment, each of which can be found at MDACI's website (www.mdacapitalinvest.com) and at MDACI's business offices. I confirm that all the information provided in this form is correct.

> Applicant's signature:
>
> Date

This is to be read in conjunction with the data protection details. I agree to the MDACI processing the personal data on this form in accordance with the European data protection Act 2010 MDACI and its associate training establishments will send you information about the learning opportunities, courses and events.
If you do not wish to receive this information please tick the box. ☐

MDACI values your view on the training you receive and will use these to help you to build your career in your own country after your successful training courses in the Czech Republic. MDACI or its associate partners may wish to contact you from time to time about courses, learning and career development opportunities. MDACI is a co-financing Joint-Stock Company and uses funds from partners to (in)directly part-finance your career development and building after your successful training.
Please tick here if you do not wish to be contacted. ☐

VII. FOR OFFICE USE ONLY

Coordinator's name (Please print):
(Managing Director)

Coordinator's signature and date:
(Managing Director)

Please enter the course details for which the Trainee is to be enrolled on.

Course code	School	Course Title	Start Date	End Date

Fee Remission	Evidence Seen	Payment				
☐ Level 1	☐	☐ Cheque	☐ Card	☐ Cash	Payment initials	
☐ Level 2	☐	Amount €			Date	
☐ Level 3	☐	☐ Already paid - amount			Registry initials	