



APPLICATION FORM – TRAINERS

1. **NAME:**
2. **Age:**.....
3. **Address:**
.....
.....
- Telephone:** **Email:**.....
4. **Education Level:**.....
5. **Main academic subjects studied:**.....
6. **Year in which you have completed your studies:**.....
7. Do you consider that you possess any of the following? (you may select more than one option)
 - training experience in adult/vocational education
 - knowledge of marketing & management and customer relationship management
 - ability to measure and assess the trainees’ training needs and to act accordingly
 - knowledge of ICT and Internet
 - knowledge of Business Administration
 - knowledge of Social Entrepreneurship
 - communication and interpersonal skills
 - organizational skills
 - flexibility and adaptability to change
 - team working skills

8. Please list below your professional experience as a Trainer in the last five (5) years, if any.

YEAR	TITLE OF TRAINING/SEMINAR
.....
.....
.....
.....
.....



9. How do you envisage to utilise the knowledge you will gain through the INNOVENTER pilot phase, in your professional career?

Your professional role

10. Please tell us about the organisation that you currently work for or are involved with in a professional capacity.

11. What is your role in this organisation?

12. How did you hear about the INNOVENTER project?

- Cyprus Chamber of Commerce & Industry
- a colleague of mine
- Media
- Other , please specify.....



I agree to take part in the INNOVENTER project as a trainer.

I understand my responsibilities to my trainee(s) and to the Cyprus Chamber of Commerce & Industry.

I hereby authorise the Cyprus Chamber of Commerce & Industry to make use of my personal data above for the purposes of my participation in the INNOVENTER pilot phase.

I am informed that photographs and/or videos during the pilot phase events in which I appear may be posted on websites and/or the social media for event coverage purposes.

Upon conclusion of the pilot phase, I have the right to withdraw my consent, I have the right of access, rectification, deletion, portability, limitation or objection to the processing of my data, which I can exercise via submitting an application in writing to the CCCI. I am also entitled to submit a complaint to the Office of the Commissioner for Personal Data Protection.

Date:

Signature: