

## TRAINING APPLICATION

### TRAINEE INFORMATION

All information is essential in case of emergency!

Please, NOT handwritten!

|   |  |
|---|--|
| <b>Name:</b>  |  |
| <b>Surname:</b>   |  |
| <b>Gender: (please tick)</b>  | <input type="checkbox"/> Male <input type="checkbox"/> Female: |
| <b>Date of Birth:</b>   |  |
| <b>Passport no./ID no.</b>  |  |
| <b>Landline number:</b>   |  |
| <b>Mobile number:</b>   |  |
| <b>Email:</b>   |  |
| <b>Home address:</b>  |  |
| <b>Specific data</b><br>(Medical, allergies,<br>special diets etc.) |  |
| <b>School: name &amp; address</b>                                   |  |
| <b>Father's pers. details:</b>                                      | <b>Full Name:</b>  |
|   | <b>Mobile number:</b>  |
|   | <b>Landline number:</b>  |
|   | <b>Work number:</b>  |
| <b>Mother's pers. details:</b>                                      | <b>Full Name:</b>  |
|   | <b>Mobile number:</b>  |
|   | <b>Landline number:</b>  |
|   | <b>Work number:</b>  |