



Training Course - TC

GET EMPOWERED WITH ENTREPRENEURIAL MINDS, KNOWLEDGE AND STRATEGIES

Young GEEKS

Korça, Albania Skopje, North Macedonia

APPLICATION FORM

| Name: | Surname: |
|--|-----------------------|
| E-mail: | Mobile phone: |
| Date of birth: | Place of birth: |
| Country: | Emergency contact: |
| Sex/Gender: *(m/f) | Sending organization: |
| Facebook link: | |
| Do You need any special diet? | |
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| Do You need any other special conditions? | |
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| Travel plan and time of arrival and departure*: | |
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| What is your experience in the field of youth entreprenuership? (up to 500 characters) | |
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| Dravida a short description of your business idea (| |
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| Provide a short description of your business idea (up to 500 characters) | |
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| M/by you've interested in participating in this program training? | |
| Why you're interested in participating in this program training? (up to 500 characters) | |
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| What are your expections from the training? Provide any suggestion to better cope your expetations. | |
| (up to 500 characters) | |
| (up to 500 characters) | |
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