

**APPLICATION FORM**

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| Last Name      |
| First Name      |
| Date of Birth (dd/mm/yyyy)      |
| Address      |
| Phone      | E-mail      |
| Home Page      |
| Next of Kin (name, address, tel., e-mail)      |
| Studies      |
| Purpose and Goals of the Residency      |
| Reasoning/Work Plan      |
| Do you want to offer a workshop?Yes [ ] No [ ]  | The idea for a workshop      | The target audience?      |
| Requested arrival date      | Requested departure date      |
| Place and time Signature      |