

**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 | | | | |