To be sent back to the House of Training-ATTF contact in your country

**by** **8 April 2022**

Please be aware that only **fully completed forms** will be considered.

**APPLICATION FORM**

**CERTIFICATION PROGRAMME: International Compliance Foundation Level**

**VIRTUAL CLASSROOM**

|  |  |
| --- | --- |
| **Dates** | **From 03-05-22 to 13-05-22 from 10.00 to 14.00 (CET) - 6 sessions of 4 hours**  **Exam:** **16-05-22** (from 10.00 to 14.00 (CET) |

PERSONAL INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Mr  Ms |  |  |  |  |  | | |
| First name |  |
| Last name |  |
| Age |  |
| Company |  |
| Position |  |
| Country |  |
| Email\* |  |
| \* This **must** be the email address with which the candidate will attend the online course. | |

**ENGLISH LANGUAGE COMMAND**

Faculty of handling the language. Please mark from 1 *(poor)* to 5 *(excellent)*:

|  |  |  |
| --- | --- | --- |
| Understanding | Speaking | Writing |
|  |  |  |

If you have an international language certification (Common European Framework of Reference (CEFR), Cambridge (CEC), TOEFL, etc.), please note your level:

|  |
| --- |
|  |

STUDIES

|  |  |
| --- | --- |
| Degree obtained | Major subjects |
|  |  |

Trainings Attended (related to this course)

|  |  |  |
| --- | --- | --- |
| Institution | Subject | Duration |
|  |  |  |
|  |  |  |
|  |  |  |

EMPLOYMENT

Please inform the number of years you have been working in COMPLIANCE

Less than 1 year

1 to 3 years

More than 4 years

Please list the positions occupied in the last 4 years:

|  |  |  |
| --- | --- | --- |
| Position | Company | Number of years |
|  |  |  |
|  |  |  |
|  |  |  |

Provide **further details about the daily work** involved in your present position, emphasing the relation to the subject of this traininc course, if any.Please also indicate which **career perspectives** you see for yourself in the medium-term. (max. 120 words)

Explain your **motivations** to apply for this training course. (max 120 words)

*This question is mandatory. If you do not explain your motivations, your application will not be considered.*

Please list your main **expectations** from this training course (maximum 3)

I would like to attend this online programme and declare that:

* I have the following necessary technical equipment: a PC, reliable internet connection, microphone and a webcam;
* I will attend all the sessions of the course and if I am not able to be present at some point, I will immediately inform the House of Training and its partner in my country.

*By sending your application form you acknowledge that the House of Training is processing your personal data in order to organise your training. The House of Training is fully committed to the collection and treatment of your personal data in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR). You have the right to ask the House of Training, as the data controller, for access, for the rectification, for the erasure, for restriction of the processing or for objecting to the treatment of this data. Personal data may be communicated to the partners and the contractual subcontractors (processors) of the House of Training in the delivery of the services relating to the Client’s or the Participant’s request.*

*Data processed by the House of Training concerning participants to its seminars include:*

* *Their application form*
* *Their post-training evaluation form*

*The House of Training has put in place generally accepted standards of technological and organisational means for the purpose of guaranteeing the security of all the personal data it processes.*

*For more details please refer to our information notice on data protection by clicking on the following link:*

|  |  |
| --- | --- |
| [*https://www.houseoftraining.lu/en\_GB/page/protection-des-donnees-personnelles*](https://www.houseoftraining.lu/en_GB/page/protection-des-donnees-personnelles) |  |
|  |  |

**Please indicate the address we should add to the invoice for the contribution fees that we will send to you if you are selected for this training:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Company |  | | Address |  | | VAT  *Please inform the VAT number (international format) of your company if you need it to be mentioned in the invoice.* |  | |

**IMPORTANT: Please save your application in the following format:**

**Country name\_Family name\_Compliance\_2022\_05**