



RISIS2 COURSE TYPE

TITLE

Venue and date

APPLICATION FORM

Title

Name

Family Name

Gender

Address

Town

Country

Date of birth

Tel

Fax

E-mail address

Name of the organization

Country of the organization

RISIS2 partner yes no

Position *(choose an option)*

Knowledge of

Basic

Intermediate

Advanced

Why do you want to attend the course? (main motivations)

[Save the document and send to](#)

[Attach an updated personal CV](#)