**EUROGUIDANCE CROSS BORDER SEMINAR**

***GUIDANCE CROSSING BORDERS***

**Retz, Austria, 8-10 June 2015**

**Application form**

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| ***Please fill this form in English and send it to your National Euroguidance centre by 31 March 2015 along with the motivation form and your Europass CV in English.*** |

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| Applicant information |
| First name |  |
| Last name |  |
| Position/Function/Department |  |
| Tel./ mobile phone number: |  |
| E-mail address |  |
| Institution information |
| Name of the institution |  |
| Type of the institution  |  |
| First and last name of a legal representative of your institution |  |
| E-mail address of a legal representative of your institution |  |
| Tel. /mobile number of a legal representative of your institution |  |
| Address of the institution |  |
| Fax  |  |
| Tel. |  |
| Information about employment |
| What main functions and tasks related to guidance do you perform in your work? |  |

Signed and stamped:

Applicant Legal representative of the institution

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