**Training Application Form**

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| **General Application for the Applicant** | |
| Name (parent name) Surname |  |
| Personal Number |  |
| Date of Birth |  |
| Gender |  |
| Address |  |
| City/Municipality |  |
| Telephone |  |
| Email address |  |
| Please select the level of your education | Elementary School |
| High School |
| Professional High School |
| Bachelor |
| Master |
| Other |
| What is your current profession? |  |
| Are you registered with the Employment Office? | Yes |
| No |
| Which training are you interested in? | Soft Skills |
| Information Technology and communication |
| Please select what languages you speak | Albanian (mother tongue) |
| Serbian |
| Other (please write the language here) |
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By completing this application, I confirm that all the stated data are accurate, my participation in the relevant training, and my registration at the corresponding Employment Office.

Applications that are not fully completed will not be considered. **The Application Form, CV, and the diplomas of your education** should be sent via email to: [care.kosovo@care.org](mailto:care.kosovo@care.org) and cc: [gjylymser.nallbani@care.org](mailto:gjylymser.nallbani@care.org) with the email subject: “Application to Attend - KYP” and/or submit the hardcopy at the Employment Office in your municipality latest by 23 January 2023.