# Application for Training



## Practical information

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|  | To be completed by the ACTMOST trainee responsible |
|  | To be completed by the company  |

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| ACTMOST trainee responsible  |
| Name of trainee responsible: |       |
| ACTMOST partner: |       |  |  |
| Tel: |       | fax: |       |
| email: |       |

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| Company info |
|  |
| Name of the company: |       |
| Department : |       |
| Website: |       |  |  |
| Address: |       | Country: |       |
| Type of company :  | [ ]  SME [ ]  Large-scale company |
| Comment: | [How big is the company in size of revenues or number of employees and when is the company founded] |
|  |  |  |  |
| Company contact PERSON  |
|  |
| Name of contact person : |       |
| Title: |       |  |  |
| Tel: |       | fax: |       |
| email: |       |

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| General training information |
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| **Title of the training:** |       |  |  |
| **Agreement on the confidentiality:**  | [ ]  ( Please add the signed NDA in attachment if appropriate) |

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| **Agreement about the conditions of the training contract:**  | [ ]  ( Please add selected contract template in attachment , not signed yet) |

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| **Involved ACTMOST partners:** |       |
| **Involved ACTMOST access centers ( first indicated access center is the main unit assigned to this project ):** |  |
| **Is there any existing or former bilateral collaboration between Company and ACTMOST partner(s):**  | Yes / No |

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| Detailed training information – part I |

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| Abstract:                |
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| Scope of training:               Potential dates for training:               Training language:                |

Description training contents and training duration for each ACTMOST partner involved

Partner 1 + responsible person

Partner 2 + responsible person

Budget

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTMOST partner 1 |

|  |  |
| --- | --- |
| Number of days |  |
| Personnel cost |  |
| Consumables cost |  |
| Total indirect cost  |  |
| TOTAL for partner 1 |  |
| Cost carried by partner 1 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTMOST partner 2 |

|  |  |
| --- | --- |
| Number of days |  |
| Personnel cost |  |
| Consumables cost |  |
| Total indirect cost |  |
| TOTAL for partner 2 |  |
| Cost carried by partner 2 |  |

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| Summary |

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| Total cost of training |  |
| Support requested from ACTMOST |  |
| Total cost for company |  |
| Cost carried by partners |  |

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| Detailed training information – part II |

Main motivation for training:

Expected impact for the Company:

Trainees:

|  |
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| **Trainee 1** |
| Name |  |
| Short CV |  |
| Background knowledge |  |

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| **Trainee 2** |
| Name |  |
| Short CV |  |
| Background knowledge |  |

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| **Trainee 3** |
| Name |  |
| Short CV |  |
| Background knowledge |  |