# 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: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |  | | | | | **Title of the training:** |  |  |  | | **Agreement on the confidentiality:** | ( Please add the signed NDA in attachment if appropriate) | | |  |  |  | | --- | --- | | **Agreement about the conditions of the training contract:** | ( Please add selected contract template in attachment , not signed yet) |  |  |  | | --- | --- | | **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: |
|  |
|  |
| 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 |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  |  | | --- | --- | | 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:

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

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

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