



Please note that we are carefully following the Luxembourg Government's recommendations in relation to the coronavirus situation and, in this respect, we reserve the right to cancel the event should restrictions apply.

To be sent back to House of Training contact in your country
Please fill in all the parts - **only duly and fully completed forms will be considered**

by 4 September 2020 the latest

APPLICATION FORM

**CAMFIN – CAPITAL MARKETS AND FINANCIAL INSTRUMENTS
CERTIFICATE
Luxembourg
12 - 19 October 2020**

PERSONAL INFORMATION

Mr Mrs Miss Ms

First name: _____

Last name: _____

Date of birth: _____

Nationality: _____

Do you need a visa ? YES NO

If YES: Passport nr : _____ Valid until: _____

➔ Please attach **a copy of your passport** to your application.

Name of the work institution : _____

Position title : _____

Street: _____ Nr: _____ City: _____

Zip code : _____ Country : _____

Work Phone Number: _____

E-mail: _____

LANGUAGE COMMAND

Mother tongue: _____

Other languages
(level of proficiency: very good, good, reasonable):

	Understanding	Speaking	Reading/Writing
1. English			

DIETARY RESTRICTIONS

Please indicate any dietary restrictions (allergies).
We will try to take them into consideration in the choice of the menu for the welcome dinner and the closing event.

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EMERGENCY INFORMATION

Name of the person to be contacted in case of emergency:

Relation : _____

Phone number: _____

PROFESSIONAL INFORMATION



STUDIES

Please start with last attended institution and proceed in reverse chronological order.

Name and location of the school / university	Years of study: from - to	Majors subjects

SESSIONS OF SPECIALIZATION (during studies or professional career)

Institution	Dates (from-to)	Majors subjects

EMPLOYMENT

Please start with your present occupation and proceed in reverse chronological order.

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1. Name of the employer (city, country) Position title

Main activity of organisation	From (month/year)	To (month/year)
Nr of employees in the company :	Nr of employees :	

2. Name of the employer (city, country) Position title

Main activity of organisation	From (month/year)	To (month/year)
Nr of employees in the company :	Nr of employees :	

3. Name of the employer (city, country) Position title

Main activity of organisation	From (month/year)	To (month/year)
Nr of employees in the company :	Nr of employees :	



HOUSE OF
TRAINING



Provide further details about the daily work involved in your **present occupation**; please also indicate what career perspectives you see for yourself in the medium-term.

What are your motivations and expectations when applying for this seminar in Luxembourg ?

How did you hear about the House of Training / ATTF?

The House of Training is fully committed to the collection and treatment of your personal data in accordance with the General Regulation on Data Protection (EU) 2016/679 (GRDP). Those concerned have the right to ask the House of Training, as the entity responsible for the treatment of their personal data, for access, for the rectification or for the erasure of this data. Personal data may be communicated to the partners and the contractual subcontractors of the House of Training in the delivery of the services relating to the Client's or the Participant's request.

Data processed by the House of Training concerning participants to its seminars include:

- Their curriculum vitae,*
- Their application form,*
- Their evaluation form.*

The House of Training has put in place generally accepted standards of technological and organisational means for the purpose of guaranteeing the security of all the personal data it processes. Only authorised personnel have access to personally identifiable information processed by the House of Training. Such employees are obliged to ensure the confidentiality of this sensitive data. The policy also applies to any and all agents, affiliates, and related entities of the House of Training that may receive such information from the House of Training.

By filling in this form, applicants explicitly consent to the processing of their personal data as described above.

Date

Signature