

**SHORT COURSE APPLICATION FORM**

Please complete the form in BLOCK CAPITALS

1. Surname or Family Name:

|  |
| --- |
|  |

1. First Name or Given Name(s):

|  |
| --- |
|  |

1. Title (Ms, Mrs, Mr etc.):

|  |
| --- |
|  |

1. Billing Address:

|  |
| --- |
|  |

1. Telephone Number (Day-time):

|  |
| --- |
|  |

1. Email:

|  |
| --- |
|  |

1. Date and Place of Birth:

|  |
| --- |
|  |

1. English Level (A1 – C2)

|  |
| --- |
|  |

1. Name the course/module for which you are applying:

|  |
| --- |
|  |
|  |

1. Please give brief details of work experience relevant to the course/module you wish to take:

|  |
| --- |
|  |

1. Sign and date:

|  |  |
| --- | --- |
| Signature: | Date: |

**When completed, this form should be returned to applications@imssea.org**

# Privacy (optional)

*I, the undersigned, give permission to the Italian Shipping Academy and its international branch IMSSEA, to take pictures or record videos of myself and use such media and personal data for promotional purposes such as editorial use, advertising, display.*

*Signature:*