ICB Training Application Form and Checklist

DOCUMENTATION	PRESENTED
NAME:	
POSITION: ICB MEMBER? OTHER SPECIFY:	
ORGANIZATION/BODY:	
In case of transferring the program with another entity, please specify the details of the entity:	
E-MAIL:	
TELEPHONE/MOBILE NUMBER:	
TYPE OF TRANING: COURSE LECTURE OTHER SPECIFY:	
NAME OF THE PROGRAM/TRAINING:	
OBJECTIVE OF THE PROGRAM/TRAINING:	
If there is an intention to award participation certificates, please attach an example of the requested certificate.	
NUMBER OF SESSIONS: DURATION OF EACH SESSION:	
TRANSFER METHOD: PHYSICAL MEETING, Zoom, etc:	
TARGET GROUP:	
PROGRAM START DATE:	
ABSTRACT (maximum 200 words):	
CV OF APPLICANT (maximum 200 words):	

Remarks:

- 1. The ICB is **not involved nor is responsible in any way for the content or any other aspect** of the program and the responsibility for its content as well as in any other point related to it **lies exclusively with the requesting entity**.
- 2. The ICB declares in the clearest way, that in its activities in general as well as in providing its auspices and/or cooperation with the requesting entity, it is **completely devoid of political messages**.

Χ___

Signature of Applicant

Date: _____