



## MCTC Training Application Form

Responsible applicant must fill out inside of this application form.

Proposed Course Name	Period (proposed)	Number of Trainees
	/ ~ /	
<b>Responsible Applicant</b>		
Organization name		
Department		
Organization Address		
TEL (Ext.)	FAX	
E-mail		
<b>Trainee 1</b>		
First Name	Date of birth	
Last Name	Nationality	
E-mail	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Trainee 2</b>		
First Name	Date of birth	
Last Name	Nationality	
E-mail	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Trainee 3</b>		
First Name	Date of birth	
Last Name	Nationality	<input type="checkbox"/> <input type="checkbox"/>
E-mail	Gender	Male Female
<b>Trainee 4</b>		
First Name	Date of birth	
Last Name	Nationality	
E-mail	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Trainee 5</b>		
First Name	Date of birth	
Last Name	Nationality	
E-mail	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>FURTHER INFORMATION</b>		
Please state any further information you may wish to offer in support of your application.		
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If you have any question about training schedule and course available contact to MCTC. For applying training, any changing and cancellation of training, contact us: info@mctc.co.uk.

About a handling of personal information:

- Personal information we collected with application form may use only for the training service purposes, like course administration, confirmation of enrollment and course guide delivery.
- You may understand that we might send some necessary personal information to other bodies for training purposes.
- If you are agreed with our personal information handling, please apply to the training courses.

We realized that you are agreed with us when you apply the courses.

<Notification when fill in an application form>

1. Please check the course date, course available, training location and fees prior to fill in.
2. When number of trainee is exceed 5, please use an additional form.
3. If you have any request or comment about billing, please write in the remarks area.
4. After fill in necessary information, please send this application form by e-mail.
5. Contact us as early as possible for any changing or cancellation of courses.

For MCTC office	Dept.	Name:	TEL:
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