**📄 Application Form – Online Course/Training**

**Academy of Applied Sciences in Wrocław**

**1. Participant Information**

* Full name: .................................................................
* Date of birth: .................................................................
* Nationality: .................................................................
* ID/Passport number: ............................................................
* Email address: .................................................................
* Phone number (with country code): ............................................

**2. Course Information**

* Name of the course/training: ..................................................
* Preferred participation date: ................................................
* Preferred time of classes (if multiple options are available): ................
* Have you previously attended online courses? ☐ Yes ☐ No

**3. Education and Experience**

* Education level:
☐ Secondary  ☐ Bachelor  ☐ Master  ☐ PhD
* Current field of study/profession: ............................................

**4. Invoice Details (if applicable)**

* ☐ Invoice for private person  ☐ Invoice for company/institution

If for a company/institution:

* Institution name: ............................................................
* Address: .....................................................................
* VAT ID / Tax number: .........................................................

**5. Consents and Declarations**

* ☐ I agree to the processing of my personal data for the purpose of enrollment in the online course/training in accordance with GDPR.
* ☐ I declare that I have access to a device with internet connection, camera, and microphone.
* ☐ I agree to receive organizational information via email.

**Date:** .......................   **Signature:** .......................