

Allegato 1





Blue_Boost Transnational Cross-Field Visits

Application Form for the selection of the participants to the Blue_Boost Cross-Field Visits programme

	APPLICANT PROFILE
Name of the Applicant	
Legal Status	
Type of Applicant (MSMEs,	
Professional, Sectoral agency,	
Interest groups including	
NGOs, Business support	
organisation, Higher	
education & research,	
International organisation	
under international law,	
Regional/Local public	
authority, Other)	
Address (if the legal seat is	
not in the Marche Region,	
please provide also the	
address of the branch in	
Marche Region)	



Website, E-mail and Phone	
number	
VAT or other national	
identifying number (if no	
VAT number is provided)	
Core activities - NACE code	
Description of the products	
and services offered	
Technology applied	
Turnover in the last 3 years	
Number of employed people	
Participation to Clusters,	
Networks or Flags	
Quality Certifications	
Previous participation to	
local, national or	
international projects	
Legal representative name	
Legal representative contact	
(E-mail and Phone number)	
Participant name	
Participant contact (E-mail	
and Phone number	
Role in the applicant	
organisation	

MOTIVATIONS AND EXPECTATIONS			
Main rea	sons	for	
participating Field Visit			



Main expectations from the participation to the Cross-Field Visit	
Place and date	Signature of legal representative

I hereby agree for processing the personal information included in this application form strictly for the purposes of this selection and in accordance with the regulation for the protection of personal data Regulation (EU) 2016/679 - GDPR.

Treatment of personal data will follow the principles of fairness and transparency according to Regulation (EU) 2016/679 - GDPR and the subsequent national transposing laws. Details about the document to be submitted and the treatment of personal data are provided at annex 4.



Applicant's Declaration for the selection of the participants to the Blue_Boost Cross-Field Visits programme

The undersigned

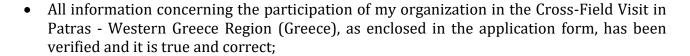
Surname		
Name		
Born in		on
Living in		
Address	nr	_ Postal code
Phone number	_Mobile	
e-mail		
in my capa	icity as the l o	egal representative of
Name of the applicant organisation	l	
Address	nr	_ Postal code
Phone number		
e-mail		
website		
VAT or other national identifying n	umber (if no	o VAT number is provided)

Require

to be admitted to participation to the Cross-Field Visit in Patras - Western Greece Region (Greece) on 05.12.2018

to this end Declare:





•	As far as the above mentioned Cross-Field Visit and the related tasks are concerned, my
	organization will be represented by:

Surname			
Name			
Born in		_ on	
Living in			
Address	nr	Postal code	
Phone number	Mobile		-
e-mail			
Role in the organization			

- I give full mandate to <u>(name and surname of the participant)</u> to participate to the above mentioned Cross-Field Visit for representing my organization;
- (<u>name and surname of the participant</u>) have the following level of knowledge of the English Language (mark with an X the level held for each type)

	Listening and reading	Speaking	Writing
BASE			
MEDIUM			
ADVANCED			

- (<u>name and surname of the participant</u>) has appropriate and valid documents for travelling in Italy (here-to attached) at the date of submission of the application and for the duration of the Cross-Field Visit;
- The undersigned declares to have taken note of the notice/announcement and that, if selected to benefit the Blue_Boost Cross-Field Visits programme, will write at the end of the experience, a report on its activities, the competence acquired, the possibility of transfer the same in their own contexts.

Place and date	Signature
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