



Allegato 1



BLUE_BOOST



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 reasons for participating to the Cross-Field Visit	



<p>Main expectations from the participation to the Cross-Field Visit</p>	
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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 capacity as the **legal representative** of

Name of the applicant organisation _____

Address _____ nr _____ Postal code _____

Phone number _____

e-mail _____

website _____

VAT or other national identifying number (if no 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:



- All information concerning the participation of my organization in the Cross-Field Visit in Patras - Western Greece Region (Greece), as enclosed in the application form, has been verified and it is true and correct;
- 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 (name and surname of the participant) to participate to the above mentioned Cross-Field Visit for representing my organization;
- (name and surname of the participant) 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			

- (name and surname of the participant) 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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