EDUCAT ACADEMY
Course Registration Form

OID: E10339100 | Official Erasmus+ KA1 Provider

INSTRUCTIONS:
- Complete all mandatory fields marked with *
- Submit this form at least 4 weeks before your preferred course date
- Email to: info@educat.academy or upload via our enrollment page

1. PERSONAL INFORMATION

Full Name (as in passport): * _____

Date of Birth: _____ Gender: & Male & Female & Other

Email Address: * _____

Phone Number: * _____

Nationality: * _____

Passport Number: _____

2. INSTITUTION INFORMATION

School/Organization Name: * _____

Institution Type: & Primary School & Secondary School & VET & Adult Education

Address: _____

City: _____ Postal Code: _____

Country: * _____

Your Position/Role: * _____

3. COURSE SELECTION

Course Title: * _____

Course Location: * & Larnaca & Paphos & Athens & Vilnius

Preferred Start Date (DD-MM-YYYY): * _____

Alternative Date (if available): _____

4. ERASMUS+ FUNDING INFORMATION

Are you applying for Erasmus+ KA1 funding? & Yes & No

Erasmus+ Project Reference Number (if approved): _____

National Agency: _____

School Erasmus+ Coordinator Name: _____

Coordinator Email: _____

5. ACCOMMODATION NEEDS

Do you need accommodation assistance? & Yes & No

Preferred accommodation type:

Arrival Date: _____   Departure Date: _____

6. SPECIAL REQUIREMENTS

Dietary Requirements: & None & Vegetarian & Vegan & Halal & Other: _____

Accessibility Needs: & None & Wheelchair access & Other: _____

Allergies or Medical Conditions we should know: _____

7. LEARNING OBJECTIVES (Optional but recommended)

What do you hope to learn from this course?

_____

_____

_____

8. DECLARATION

I confirm that the information provided is accurate and complete. I understand that:
- Course confirmation is subject to minimum participant numbers
- Full payment or Erasmus+ grant confirmation required before course start
- Cancellation policy applies as per terms and conditions

Signature: _____   Date: _____