

**Application form**

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| Choose **one** location of the workshop you would like to attend | [ ]  **Kyiv** (Module 1: 27-28.09.2016; Module 2: 07-08.02.2017)[ ]  **Kharkiv** (Module 1: 29-30.09.2016; Module 2: 09-10.02.2017)[ ]  **Odesa** (Module 1: 03-04.10.2016; Module 2: 13-14.02.2017)[ ]  **Lviv** (Module 1: 06-07.10.2016; Module 2: 16-17.02.2017) |
| Name and Surname |  |
| Contact information (mobile number, email address) |  |
| Place of work |  |
| Job title |  |
| Brief description of your role  |  |
| How long have you been in this role? |  |
| Level of English language competence(B2 or above) | [ ]  hereby I confirm that my level of English is sufficient to participate in the workshops without translation |
| Your expectations for this programme |  |
| Date of application |  |

Please send this application to **UA\_IHE@britishcouncil.org.ua** not later than **14 September 2016** with “International Offices Programme” as your subject line to the email.

Contact person for enquiries:

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