

Course number	Course name
First name	Last name
Identity number	Mobile phone number
Street address	
Post code	City
Home residence	Nationality
Email	
Invoicing address (if other)	
Employment status <input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student <input type="checkbox"/> pensioner <input type="checkbox"/> other	Level of education <input type="checkbox"/> primary school only <input type="checkbox"/> secondary school or vocational institute <input type="checkbox"/> university or university of applied sciences
<input type="checkbox"/> yes <input type="checkbox"/> no Permission to send me messages <input type="checkbox"/> yes <input type="checkbox"/> no Permission to use social media platforms in messaging <input type="checkbox"/> yes <input type="checkbox"/> no Permission to publish photos of artworks <input type="checkbox"/> yes <input type="checkbox"/> no Permission to publish photos of participants	
Date	Signature