

Course number	Course name	
First name		Identity number
Last name		Phone number
Street address		Mother tongue
Post code	City	
Email		
Invoicing address (if other)		
<b>Employment status</b> <input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> student <input type="checkbox"/> pensioner <input type="checkbox"/> other	<b>Level of education</b> <input type="checkbox"/> primary school only <input type="checkbox"/> secondary school or vocational institute <input type="checkbox"/> university or university of applied sciences	
<b>Permissions to messaging and publishing images</b> <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	