

Course number	Course name	
First name	Identity number	
Last name	Phone number	
Street address	Mother tongue	
Post code	City	
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	
Permissions to messaging and publishing images <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	