

APPLICATION FORM COURSE 2020

"OTHER SPACES" Online Course Project of VR Space Design

APPLICANT'S CONTACT DETAILS (Fill out in block capital letters and please note that all the fields are mandatory. Incomplete applications will not be taken into account)

PARTICIPANT'S PERSONAL INFORMATION

Family name

First name Gender: F M

Birth date (day/month/year) __ / __ / ____ Fiscal Code (Just for Italian students)

Place of birth (city) (country)

Citizenship

Permanent address (complete postal address)

Home phone number: (country code) (area code) (number)

Mobile phone number: (country code) (area code) (number)

Email

Emergency contact person: Last name

First name Relationship

Phone number: (country code) (area code) (number)

PARTICIPANT'S BACKGROUND

Education

SCHOOL / ACADEMY / UNIVERSITY name

COURSE NAME/MAJOR Year currently attended

Professionals' background information, work experience

COMPANY

POSITION YEARS OF EXPERIENCE

HOW DID YOU FIND OUT ABOUT "Other Spaces" Online Course of VR Space Design

- FRIENDS
- SCHOOL
- EXHIBITION
- EDUCATIONAL COUNSELLOR
- INTERNET SEARCH ENGINE
- REDSHOESUK.COM
- WEBSITE
- OTHER SOURCE

Please send a one page proposal of your project to:

educational@redshoesuk.com