

# Learning Journey - North Iceland Food Excellence (NIFE)

**12 – 19 September 2021**

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| **Applicant information** | |
| Mr/Mrs/Ms/Miss/Dr/ Other: | Click or tap here to enter text. |
| Full Name: (as per passport) | Click or tap here to enter text. |

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| Date of Birth: | Click or tap here to enter text. |
| Passport No: | Click or tap here to enter text. |
| Passport Expiry Date: | Click or tap here to enter text. |
| Nationality: | Click or tap here to enter text. |

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| Organisation: | Click or tap here to enter text. | | |
| Full mailing address: | Click or tap here to enter text. | | |
| Postal code: | Click or tap here to enter text. | | |
| Telephone: | Click or tap here to enter text. | Mobile: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. | | |

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| Are you a permanent resident in the UK? | Yes  / No |
| Are you registered disabled? | Yes  / No |
| Do you have any special dietary requirements? | Yes  / No  If yes, please give details: Click or tap here to enter text. |

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| Do you hold Travel Insurance\*:  Please tick if you have a valid travel insurance policy that will cover the period of the exchange visit. This insurance must include cover for: civil liability including any damage caused by you; health/accident/disability; assistance/repatriation and should cover any costs incurred by you withdrawing from the project.  If you do not currently have appropriate travel insurance, you must have this is place prior to travel. \* Please note: a copy of the policy document may be required prior to travel.  Please tick to agree that you will comply with all necessary health & travel regulations imposed on us due to covid-19. | **Please Indicate Yes or No:**  Yes  No  Yes |

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| **Eligible Industry Sectors:** What sector of the industry are you in? Please tick against appropriate sectors: |
| Business Proprietor/Manager/Staff (with direct responsibilitiesfor training staff or  developing training programmes)  Training and development planner  Tourism/Hospitality training provider  Human resources manager with training responsibilities  Teachers/Trainers/Vocational trainer or assessor |
| Please tell us your job title and give a short description of your job activities in relation to delivering or developing training for your staff or clients. |
| Click or tap here to enter text. |
| Participants should be in a position to disseminate/share/promote the knowledge, ideas and skills gained on the study-visit to improve knowledge and development to your wider organisation, industry and region. |
| 1. How will you publicise and promote your/your organisation’s participation before and after the study-visit? Click or tap here to enter text. |
| 1. How will you disseminate/pass on your personal/professional learnings to others post visit? Click or tap here to enter text. |

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| 1. Your personal/professional development expectations: What do you hope to gain from participating in the study-visit? How do you think that you will benefit? Click or tap here to enter text. |
| 1. How do you think that your business/education establishment will benefit from your participation in this visit? Click or tap here to enter text. |

**I understand that once approved and accepted in writing, I will be liable for any costs incurred by cancelling my attendance.**

I confirm that the information that I have given above is accurate.

Signature:

Date:

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Please return your application by email to: karen@tourism-angles.co.uk no later than **Monday, 19th April 2021.**

All details provided will be kept and used in accordance with GDPR guidance. Those applicants who are unsuccessful will have their details destroyed at that point.