

#  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.
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| 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.
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| 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.
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**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.