

Course number	Course name	
First name		Last name
Identity number		Mobile phone
Street address		
Post code	City	
Home residence	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
<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	