

**MANAGEMENT OF LOCAL AUTHORITIES
"URBAN PLANNING TOOLS"**

11 – 23 September, 2017

Marseille, France

Lausanne, Suisse

APPLICATION FORM

YOU ARE MOBILIZED BY:

AFD SECO URBAPLAN/TRANSITEC

PLEASE USE BLOCK LETTERS

Mrs Ms M.

NAME _____ Lastname _____ Date of birth _____

Position _____

Description of the duties _____

Organization _____

Adress _____

City _____ Country _____ Zip Code _____

Phone number _____ Fax number _____

E-mail _____ (block letters please)



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Economic Affairs,
Education and Research EAER
State Secretariat for Economic Affairs SECO

Could you please indicate the reasons why you would like to attend this workshop and how you would benefit from this training session :

Date : _____ **Candidate signature :** _____

Appreciation and comments of the employer :

EMPLOYER'S AGREEMENT (on contents and cost of the training session)

Date :

Employer's signature :

Other informations which could support the applicant (to be filled by the AFD local representatives)_____

Transmission

Date :

Signature of the AFD local Head :

The application must be submitted to AFD local representatives.

The deadline for submissions is fixed to **May 2, 2017**

Please note that the completion of this application form does NOT guarantee participation due to limited places

