



## Participant

First name\* \_\_\_\_\_

Second name\* \_\_\_\_\_

Gender \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Place of Birth \* \_\_\_\_\_

Citizenship \* \_\_\_\_\_

Marital Status \* \_\_\_\_\_

Fiscal Code for Italians only \_\_\_\_\_

Military Service \*                                      exempt                                      completed                                      to be completed

## Addresses

Address \_\_\_\_\_

*fill in with: Address, zip code, city, country*

Permanent Address \_\_\_\_\_

*fill in with: Address, zip code, city, country*

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

## Education Qualifications

Degree In \* \_\_\_\_\_

At the University of \* \_\_\_\_\_

High School Diploma \* \_\_\_\_\_

At \* \_\_\_\_\_



### **Post Graduate Degree**

Post Degree Course #1 \_\_\_\_\_

Year of Admission Course #1 \_\_\_\_\_

Educational Institution #1 \_\_\_\_\_

Post Degree Course #2 \_\_\_\_\_

Year of Admission Course #2 \_\_\_\_\_

Educational Institution #2 \_\_\_\_\_

### **Employment**

Current Employment \_\_\_\_\_  
*Role and Responsibilities*

Employer \_\_\_\_\_

City-Country \_\_\_\_\_

Starting Date \_\_\_\_\_  
*since Month/Year*

### **Previous Working Experience**

Previous Employment #1 \_\_\_\_\_  
*Role and Responsibilities*

Employer #1 \_\_\_\_\_

City-Country #1 \_\_\_\_\_

Starting Date #1 \_\_\_\_\_  
*Month/Year*

Previous Employment #2 \_\_\_\_\_  
*Role and Responsibilities*

Employer #2 \_\_\_\_\_

City-Country #2 \_\_\_\_\_

Starting Date #2 \_\_\_\_\_  
*Month/Year*



### Specialist Training Courses

Title of Course #1 \_\_\_\_\_

Term #1 \_\_\_\_\_  
*months and years*

Educational Institution #1 \_\_\_\_\_

Title of Course #2 \_\_\_\_\_

Term #2 \_\_\_\_\_  
*months and years*

Educational Institution #2 \_\_\_\_\_

### Language Knowledge

NATIVE      EXCELLENT      GOOD      SCHOLASTIC      NONE

English

Italian

German

French

Spanish

Other Language \_\_\_\_\_

\_\_\_\_\_



## **Motivational Essays**

What skills do you hope to gain from attending the course? \*

Reflecting on your professional and life experience, what contribution could you make to the course? \*

What are your professional goals? How will this course help you achieve them? \*

Describe an experience where leadership and teamwork were critical to the outcome of a situation in which you were directly involved. Describe your role and explain how you were effective \*

From your professional and personal experience, what are your strengths and weaknesses? \*



**Where did you first hear about the course?**

Where did you first hear about the course? \*

---

**Please attach a detailed Résumé if sending by email, fax or post.**

Authorization to use personal data in conformity with law 196 of 30/6/2003

We hereby inform you that your personal data will be used by MIB School of Management for the specific purposes described whether gathered by automatic means or other, in full respect of the fundamental principles and in the sense of laws 196/2003 and will not be distributed to third parties. Consortium MIB School of Management L.go Caduti Nasiriya 1, Trieste is hereby considered owner of this information. To exercise rights inherent in art 7 of laws 196/2003 (access, correction, deletion, opposition to use of information), address these concerns to the owner of said information.

I Agree

**MIB School of Management**

Largo Caduti di Nasiriya, 1

34142 Trieste, Italy

Tel. +39 040 9188 111

Fax +39 040 9188 112

[info@mib.edu](mailto:info@mib.edu)

[www.mib.edu](http://www.mib.edu)