

APPLICATION

for participation in the 2022 School of Policies of the Presidential Center for Political Education

Name and surname:	
Date of birth:	
Citizenship:	
Address:	
E-mail:	
Phone:	
Are you a person with disabilities?	
Yes No I do not want to answer	
information for better selection process ar – Are you a wheelchair or mobility aid user – Do you need a sign language, Braille or	nd event organization: ? other assistance to participate ir
Point of contact in case of emergency:	
How did you find out about the School of P	olicies?
	Name and surname: Date of birth: Citizenship: Address: E-mail: Phone: Are you a person with disabilities? Yes No I do not want to answer If you are a person with disability, ple information for better selection process are Are you a wheelchair or mobility aid user - Do you need a sign language, Braille or the events organized within the School of I Point of contact in case of emergency: How did you find out about the School of P