

**Please send this application form carefully completed and signed to the organisation offering the workshop!**

**Address of the workshop provider**

Name of the organisation: Westfälisches Forum für Kultur und Bildung e.V.  
 Name of contact person: Dr. Ulrike Kurth  
 Postfach 10 19 08  
 33519 BIELEFELD  
 E-Mail: **wefokubi@aol.com**

**Deadline for submitting the application form:**

**15 January 2025 for the April `25 course in Paderborn**

If your application is accepted, you will receive a copy of this form signed by the workshop provider.

You have the possibility to cover the costs, if your institution is accredited

**I – Workshop details**

<b>Title of the Workshop</b>	<b>GeCo – Gegen Covid / Soziale Distanz überwinden GeCo – Against Covid / overcoming social distance</b>
<b>Provider</b>	<b>Westfälisches Forum für Kultur und Bildung e.V.</b>
<b>Country</b>	<b>Germany</b>
<b>Dates of the workshop</b>	<b>02.04.2025-04.04.2025 (Arrival 01.04.2025)</b>
<b>Conditions</b>	<b>Participants will incur the following costs:</b>
<b>Course fees</b>	<b>350,--€ (incl. material)</b>
<b>Overnight stay in single room</b>	<b>Individual booking</b>
<b>Meals</b>	<b>Lunch is included in the course costs, further catering is organised individually by the participants</b>

## II – Details of the applicant

### II.1. Contact details

(Mrs./Mr. )	Name		
Surname			
Street, Nr.			
Code		City	
Country			
Telephone 1			
Mobile			
E-mail Address			

### II.1. Further Information

Date of birth	
Nationality	
Profession	
Special Needs	
Please describe your motivation for taking part in this workshop	Max. 150 words
Which language/s do you speak	
Any other information you would like to pass on.	

Date: ... Signature: .....

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### WORKSHOP Provider

We confirm that the candidate named above has been selected to participate in the following workshop.

TITLE: .....

DATES: .....

PLACE: .....

Date: Signature: .....