

## STRATEGIC ARTS MANAGEMENT MASTER CLASS

Barcelona, 23<sup>rd</sup> and 24<sup>th</sup> October 2014



### APPLICATION FORM

We invite you to send the completed form by e-mail at Tools for Culture (info.tools@monti-taft.org) together with a copy of the payment confirmation. Registrations will not be processed until the receipt of proof of payment. For any questions please do not hesitate to contact us.

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(required fields\*)

### PERSONAL INFORMATION

Title:

Name\*:

Surname\*:

Date a place of birth\*:

Gender\*:  F  M

Address (Residency)\*:

Postal code\*:

City\*:

Country\*:

Fiscal Code\* :

Address for communication sending (if different from Residency):

Postal Code:

City:

Country:

Telephone/Mobile phone\*:

E-mail address\*:

### EDUCATION

What is your highest level of qualification achieved at school\*?

Course:

Faculty:

Institution:

Year:



sede operativa via Rizzoli 4 – 40125 Bologna  
t. 051 225565 f. 051 229656  
tools@monti-taft.org  
www.toolsforculture.tumblr.com  
www.monti-taft.org

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Are you currently registered in a school / college / university or no university course\*?

Yes  No

If yes, please fill up the following information:

Institution name:

Main field of study and interests:

English knowledge:  none  high level  intermediate level  high level

Other languages:

### PROFESSIONAL EXPERIENCE AND INTERESTS

Are you currently employed\*?  Yes  No

If yes, please fill up the following information:

Profession:

Employer:

Please, tell us your personal knowledge on the issues addressed in the Master Class. Indicate your level of experience and interest in the following macro-areas:

Cultural and art market

Experience

    

Interest

    

Project management and business plan tools

Experience

    

Interest



Financing channels / fundraising

Experience

    

Interest

    

Technology/ social media strategy

Experience

    

Interest

    

Cultural product communication

Experience

    

Interest

    

**SERVICES\***

Would you like to attend the cocktail the 23<sup>rd</sup> of October from 8.30pm?

Yes  No

Please, report us any food allergies or intolerances:

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**MONITORING OF EQUAL OPPORTUNITIES**

You are not obliged to provide the information required in this section. If you do that, you allow us to monitor our business processes and ensure the provision of equal opportunities for all.



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Gender: F M

Nationality:

Do you have a disability? Yes No

If yes, please provide details including any special provisions or facilities required (continue on a separate sheet if necessary):

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Please indicate how you became aware of Strategic Arts Management Master Class in Barcelona (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Word of mouth     | <input type="checkbox"/> Newsletter/e-mail | <input type="checkbox"/> On line investigation |
| <input type="checkbox"/> Link on a website | <input type="checkbox"/> University        | <input type="checkbox"/> Based equipment       |
| <input type="checkbox"/> I do not remember | <input type="checkbox"/> Other             |  |

Please indicate the reason for which you has chosen to follow this course and yours expectations:

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### DECLARATION

I declare that all information provided is accurate, truthful and up to date.

I also certify that I have read the Rules of SAM Master Class and I accept and comply with the standards contained therein.

I undertake to submit the certificate of payment within 5 working days from the signing of this application form in order to complete my enrolment in the training course.

I authorize my consent to the processing of personal data (within the meaning of the Legislative Decree 30/06/2003 n. 196 Privacy Act, and amended).

Optional

I authorize the processing of my personal data to be updated on initiatives, opportunities, cultural events, training courses organized by Tools For Culture and its partners;

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I authorize the processing of my personal data for surveys and research to monitor performance, improve quality, plan courses and other learning opportunities organized by Tools For Culture and its partners;

I authorize the processing of my personal data to be shared with other organizations for administrative and statistical purposes and research in the field of education and training.

Signature:

Date: