REGISTRATION FORM

(Incomplete registration files will not be processed by our services)

DATE COMPLETION: / / 202… (Required)

Type of Training

Qualifying training (continuing education) _____

Apprenticeship or initial program (degree-granting) _____

Preferred Intake and Campus

Preferred intake date _____

Campus (Paris / Évry / Lyon) _____

Personal Information

Full name _____

Full postal address _____

Email address _____

Mobile phone _____

Date and place of birth _____

Country of residence _____

Gender _____

Disability status _____

Current status (employee, entrepreneur, job seeker, student, other)
_____

Legal Representative (if applicable)

Full name _____

Address _____

Email _____

Phone _____

Relationship to applicant _____

Requested Program

Level (BTS / Bachelor / Master / Qualifying training) _____

Specialization _____

Self-assessed knowledge level (1–10) _____

Education and Experience

Highest academic level _____

Field of study _____

Professional experience (last 2 years) _____

Professional Project

Career objective after training _____

Learning Objectives

Operational objectives to be achieved at the end of the training

_____

Self-Assessment

French language comprehension (1–10) _____

Written expression (1–10) _____

Oral expression (1–10) _____

Computer skills (1–10) _____

How did you hear about the training center?

Word of mouth / Social networks / Search engine / Event / Other

_____

Required Attachments

Copy of diplomas, copy of identification document, and cover letter addressed to the Director.

Contact Information

contact@eseth-bs.fr

Data Protection Notice

Personal data collected through this form are necessary for the processing of your application. Data are stored for three years and used solely for service improvement and statistical purposes. Completed application form must be sent to: contact@eseth-bs.fr