

**Entrepreneurship Knowledge Center (EKCs) Staff Application Form**

Information About Applicant

NAME:

(FIRST)

Institute/Faculty (LAST)

YEARS IN TEACHING:

E-MAIL: TELEPHONE:

Applicant’s Academic History

Related Degree:

Please list your teaching experiences related to entrepreneurship and list in which ToT of the ENCORE project you have participated.

Applicant’ s Language Skills

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| LANGUAGE | TOTAL YEARS OF  STUDY | READING | | | | | | | | | WRITING | | | | | | | | | LISTENING | | | | | | | | | SPEAKING | | | | | | | | |
| Fluent | | | Good | | | Fair | | | Fluent | | | Good | | | Fair | | | Fluent | | | Good | | | Fair | | | Fluent | | | Good | | | Fair | | |
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| 2. |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 3. |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 4. |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |

Motivation

Please describe briefly WHY you would like to work for the EKC and HOW you would like to contribute to make the EKC successful.

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Submission

Please submit this application no later than November 30th, 2022.

Send completed applications to:

ADD CONTACT DETAILS