



Ministero dell'Istruzione

October 12th, 13th, 19th, 20th, 2020

The Holocaust as a starting point

Application form

Surname	
Name	
Male/female	
Position, subjects taught	
School/other institution of work	
E-mail address	
Mobile phone number <i>Please let us know whether you use whatsapp (yes/no)</i>	
City, country	
Languages spoken and level <i>When English is the working language, please understand that you need a minimum B2 level</i> (If you have, don't hesitate to add any proof of language level such as examination scores)	

<p>Have you already followed training on the Holocaust and if yes, which one(s)?</p> <p>Please be specific and list the name of the institution providing the training, the name of the training and its dates</p>	
<p>Were the trainings you already attended</p>	<p><input type="checkbox"/> National</p> <p><input type="checkbox"/> International</p>
<p>Your teaching of the Holocaust, genocides and mass atrocities</p> <p>Please briefly describe the experience you have in teaching the Holocaust, genocides, and mass atrocities, which material you use when teaching about it and how you use them in class.</p>	

For how many years have you been teaching the Holocaust?	
What is the age range of the pupils you teach to?	
Motivation letter: Please write below why you want to participate in this seminar and indicate what are your goals and expectations. Please describe - what you expect to learn, what you wish to gain through this seminar - which topics you would like to see tackled in this seminar	

By signing up to this program, applicants understand that this training is offered to a limited number of participants only and is provided to them for free.

Participants also engage in attending the training in its entirety and take part actively in all seminar activities. Certificates of attendance will be provided only to teachers having attended the entire seminar program.

I, the undersigned, understand and agree to the previously mentioned commitments

Place and date: _____

Signature_____

I, the undersigned, expresses his consent for the processing of his personal data for the above purposes.

Place and date: _____

Signature_____