SAFEGUARDING: OCHRANA DETI A ZRANITELNÝCH DOSPELÝCH PRED SEXUALNÝM ZNEUŽÍVANÍM

Application Form
Spring semester February-June 2018

Application to be send to the end of 10th of January

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| NAME |  |
| SURNAME |  |
| GENDER:  | MALE FEMALE |
| DATE OF BIRTH (D,M,Y) |  |
| PLACE OF BIRTH |  |
| CONTACT INFORMATION (address, telephone number, e-mail) |  |
| PROFILE | PRIEST RELIGIOUS LAY PERSON |
| DIOCESE/CONGREGATION |  |
| ACADEMIC DEGREES |  |
| PREVIOUS AND CURRENT OCCUPATION |  |

1. What is your main motivation to apply for safeguarding course?

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2. What is your background/formation/experience working with this topic?

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