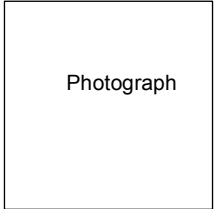


Administration use only

No.

To apply for a Master or Doctoral Study Program, please print out the Agreement, complete **section I-VII** in BLOCK CAPITALS and send completed form by regular post or DHL to MDA CAPITAL INVEST, a.s., U Sluncove 14, 180 00, Praha 8, Prague, Czech Republic (The Application Form shall be sent together with this Agreement to the given address above).

LEARNING AGREEMENT (Second Cycle)



I. COURSE DETAILS

Enter the details of the course you would like to apply for.

Day	Month	Year	Course Title (e.g. Performing Arts, Certificate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

II. PERSONAL DETAILS

Family Name (Surname):

First Name(s) (in full):

Title (Mr, Mrs, Miss, etc.):

Date of birth:

Male: Female:

Nationality:

Occupation:

Permanent address:

Postcode

Telephone Number (Home/Office):

Mobile Number:

E-mail:

Number of years at current address:

Have you been in education in the last two? Yes No

Please, tell us why you are applying for the course(s), including any relevant hobbies, voluntary work and what your career plans are:

If yes, please give the name of the college or university you attended or you are currently attending.

Please tell us which qualifications you have already gained and which you are currently studying for. If you have no previous qualifications please "none".

Year	Subjects	Predicted Grade	Actual Grade	Evidence seen

III. EMERGENCY OR PARENTAL CONTACT

Family Surname: First Name:
 Relationship (e.g. brother): Telephone Number:
 Permanent address:

IV. EMPLOYER/SPONSOR INFORMATION

(Please complete this section if you are in employment or if you are sponsored by an organization)

Is your employer/sponsor paying your course fees? Yes No

Is your employer/sponsor giving time off to attend the course? Yes No If yes, give details:

Headquarters address

Postcode

Name:
 Nature of Business:
 Telephone Number:
 Contact person's Name:
 Contact's telephone number:
 Contact's e-mail:

MDACI will provide the employer/sponsor with information concerning your attendance, conduct, progress and achievement.

V. SUPPORT OF YOUR COURSE

We offer a range of additional support to help you achieve to the best of your ability. Please tell us what you may need. The information will be treated as confidential and will only be used to help us ensure you get the support you need on your course. Completing this action will not affect you getting onto a course. Please tick all the relevant boxes.

Learning Difficulties

- I do not have a learning difficulty
- Autism Spectrum Disorder
- Dyscalculia
- Dyslexia
- Dyspraxia
- Moderate learning difficulty
- Multiple learning difficulties
- Severe learning difficulty
- Other

Disabilities

- I do not have a disability
- Aspergers syndrome
- Asthma
- Diabetes
- Disability affecting mobility
- Emotional/behavior difficulties
- Epilepsy
- Hearing Impairment
- Mental Health difficulty
- Multiple disabilities
- Profound complex disabilities
- Temporary disability after illness or accident
- Visual impairment
- Other

Do you have a medical condition that needs treatment? No Yes If yes, please state:

Is English your second language? No Yes

Do you need extra help to complete your course? No Yes

If yes, do you need language support? No Yes

VI. AGREEMENT

I confirm that before signing this form, I have read the data protection statement and have received, read and agreed to abide by the Terms and Conditions of Enrolment, each of which can be found at MDACI's website (www.mdacapitalinvest.com) and at MDACI's business offices. I confirm that all the information provided in this form is correct.

Applicant's signature:

Date

This is to be read in conjunction with the data protection details. I agree to the MDACI processing the personal data on this form in accordance with the European data protection Act 2010 MDACI and its associate learning establishments will send you information about the learning opportunities, courses and events. If you do not wish to receive this information please tick the box.

MDACI values your view on the courses you receive and will use these to help you to build your career in your own country after your successful studies in the Czech Republic. MDACI or its associate partners may wish to contact you from time to time about courses, learning and career development opportunities. MDACI is a co-financing Joint-Stock Company and uses funds from partners to (in)directly part-finance your career development and building after your successful studies. Please tick here if you do not wish to be contacted.

VII. FOR OFFICE USE ONLY

Coordinator's name (Please print):

(Managing Director)

Coordinator's signature and date:

(Managing Director)

Please enter the course details for which the student is to be enrolled on.

Course code	School	Course Title	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fee Remission

- Year 1
- Year 2
- Year 3

Evidence Seen

-
-
-

Payment

- Cheque Card Cash
- Amount €
- Already paid - amount

Payment initials

Date

Registry initials