



Please send this application form carefully completed and signed to the organisation offering the workshop!

| Address of the workshop provider | | |
|----------------------------------|---|--|
| Name of the organisation: | Westfälisches Forum für Kultur und Bildung e.V. | |
| Name of contact person: | Dr. Ulrike Kurth | |
| | Postfach 10 19 08 | |
| | 33519 BIELEFELD | |
| E-Mail: | wefokubi@aol.com | |
| | | |

Deadline for submitting the application form:

15 June 2025 for the September `25 course in Liepaja

If your application is accepted, you will receive a copy of this form signed by the workshop provider.

You have the possibility to cover the costs, if your institution is accredited

I – Workshop details

| Title of the Workshop | Landscape and society – our lives shaped by water |
|----------------------------------|---|
| Provider | Westfälisches Forum für Kultur und Bildung e.V. |
| Country | Latvia |
| Dates of the workshop | 16.09.2025-18.08.2025 (Arrival 15.09.2025) |
| Conditions | Participants will incur the following costs |
| Course fees | 350,€ (incl. material) |
| Overnight stay in single room | Individual booking |
| Meals | Lunch is included in the course costs, further catering is organised individually by the participants |

II – Details of the applicant

II.1. Contact details

| (Mrs./Mr.) | Name | | | |
|----------------|------|---------|--|--|
| Sirname | | | | |
| Street, Nr. | | | | |
| Code | City | | | |
| Country | | | | |
| Telefone 1 | | | | |
| Mobile | | | | |
| E-mail Address | | · · · · | | |

II.1. Further Information

| Date of birth | |
|--|----------------|
| Nationality | |
| Profession | |
| Special Needs | |
| Please describe your motivation for taking part in this workshop | Max. 150 words |
| Which language/s do you speak | |
| Any other information you would like to pass on. | |

| Date: | Signature: |
|-------|------------|
|-------|------------|

WORKSHOP Provider

Date:

We confirm that the candidate named above has been selected to participate in the following workshop.

| TITLE: | |
|--------|--|
| DATES: | |
| PLACE: | |

Signature: