

REGISTRATION AND INFORMATION SHEET FOR TRAINING MODULE

CDC 3C CATALOG

To be completed per module and per participant

Send bye email to info@cdc3c.com

MODULE DATA			
Module title :			
Module code :			
Session required :		Language :	PT ENG FR
DATA OF THE COMPANY OF	R EMPLOYING ENTITY (If it is an individual ap	plication, please also fill in all the data)
Company name :			
Address (street) :			
Country / CP / Localidade :			
VAT number :		Registration number (private entities):	
Internet address:			
COMPANY CONTACT OR EM	IPLOYING ENTITY (If it is an individual applica	tion, please also fill in all the data)	
Name :			
Tel. :		@:	
CANDIDATE DATA (TRAINE	=)		
Marital status :	Mrs Mr	Name :	
Surname :		Number of identification document :	
Academic or professional degree		VAT number	
Date	Signature	Company stamp	

Additional Information :

Cancellation: Any cancellation of registration by the Client must be notified to Centro Competências Cabo Verde in writing, at least 10 working days before the start of training. In case of cancellation of na unnotified registration and failure to present a medical certificate proving the participant's incapacity, an invoice will be issued by the Cabo Verde Competence Center (cancellation between 6 and 9 working days before the session): 50% billing / price / person; 3 and 5 working days: 75% / price / person; less than 2 working days: 100% / price / person).

Reimbursement : The reimbursement of registration fees for specific training modules for companies or individuals will be fully refunded in case of cancellation or postponement of training for reasons attributable to Cabo Verde Competence Center.

Protection of personal data : This data is strictly confidential and is processed in accordance with the legal provisions of the law on the protection of persons with regard to the processing of personal data.

Tailor-made training: the Cabo Verde Competence Center also offers this service with a view to jointly creating training and in line with the needs and medium-term objectives of companies (<u>https://www.cdc3c.com/skills-management-training/</u>).

Check the box By checking this box and with your signature, you authorize the Cabo Verde Competence Center to transmit certain data about you to third parties for the purpose of issuing certificates. By checking this box and signing this document, you also acknowledge that you have read and accepted the General Conditions of the Cabo Verde Competencies Center (https://www.cdc3c.com).

