Application Form for

STEP: Student Training for Entrepreneurial Promotion



First name	Last name	Country of Origi	n	General Information			
				Does somebody in your family own his / her own business?	yes no		
Faculty	Subject	Year of Studies	Age	If yes: who? (e.g. mother, father, brother, sister)			
We want to stay in contact with you after the training to see whether and in what way the training was helpful for you.				Have you taken any business courses so far?	yes no	If yes: How many?	
Furthermore, we want to stay personal experiences are ver		learn about your career after gr rove the training.	Please read the following:				
To ensure that we will be able to contact you again, we ask you for your, your parents', your brother's or sister's and your best friend's contact details.				 The STEP training has only limited places available and not all applicants can be provided with a place in the course. However, in order to assure that every applicant has the same chance to get a place, selection will be done by a lottery. 			
Your contact details				 The training course includes 12 sessions, at 3 hours each. The attendance of the course be each student will be followed-up and it is prerequisite for successful completion of the 			
Home Address		Cell Phone		course. Regular attendance me	course. Regular attendance means students are not allowed to miss more		
		for Calling:		 You will receive a certificate of attendance that will be very useful for applying for work. The training course is a voluntary course with heavy workload and take-home assignments 			
Email Address		for Whatsapp:		 that students have to accomplish on top of their regular courses during the semester. For the development of your group's enterprise during the training course, you will be provided with starting capital that has to be paid back at the end of the course. 			
Your mother's contact details Your father's contact details			 You agree to participate in a research to evaluate the effectiveness of the training program and consent to the use of data in research and publication. Any information recorded will 				
Name:		Name:		remain confidential and no personally identifiable information will be made publicly available. This participation is voluntary and you are free to withdraw at any time. • By signing this application, you also agree to be re-contacted in future for further portions of this research (e.g. directly after the training, one and two years after the training). For this			
Cell Phone:		Cell Phone:					
Email Address: Email Address:		Email Address:		 purpose, your personal data (names and contact details given) will be stored and used. You also agree to be interviewed and/or audio recorded/videotaped for research purpose 			
Your brother's or sister's co	ontact details			This course is very attractive to			
Name		Cell Phone(s)		experience for you. However, y			
Email Address				course. So, by signing this, you attest your commitment to this course with its heavy workload. You also accept the terms and conditions stated above and agree to donate your data for the use of this research.			
Your best friend's contact of	details						
Name		Cell Phone(s)					
Email Address				(Date)	(Signature)		