

## Application Form for an ECCRD Certificate Program

The applicants must fill in this inscription form and send it vía email to the following address: [info@ecc-rd.org](mailto:info@ecc-rd.org)

### A. Personal Information

A1. First Name and Second Name

A2. Last Names

A3. ID Number

A4. Date of Birth

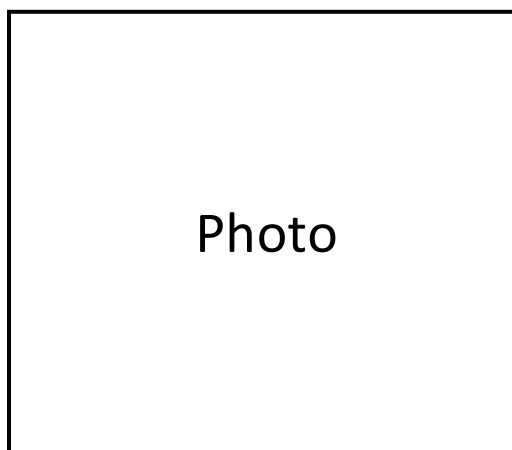
A5. Age

<input type="text"/>	<input type="text"/>
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A6. Native Language

A7. Secondary Language

<input type="text"/>	<input type="text"/>
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### B. Contact Information

B1. Address Line 1

Address Line 2

B2. City

B3. State

B4. Province

B5. Zip Code

B6. Phone Number

B7. Mobile Number/Cellphone

B8. Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>
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B9. e-mail address (primary)

B10. Alternate e-mail Address

<input type="text"/>	<input type="text"/>
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### C. Academic Level

C1. Last Academic Education/Study/Training (Verifiable Reference)

C2. Academic Level

C3. City

### D. Experience/Expertise

D1. Academic Institution

D2. Academic Level

D3. City and Country

D4. Year

<input type="text"/>	<input type="text"/>
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### E. Professional Experience

E1. Features films, Short Films, Commercials


E4. Entity

E2. Position

E3. Date

E1. Features films, Short Films, Commercials	E4. Entity	E2. Position	E3. Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### F. Academic Interests

F1. Certificate Courses of my interest offered by 

### G. References

G1. Last Job (Verifiable Reference)

G2. Address

G3. City	G4. State
G5. Province	G6. Zip Code
G7. Country	G8. Date
G9. Contact Information	G10. Phone Number

## H. Questionnaire

Answer the following questions about yourself

H1. Why are you interest in the course?

H2. How did you hear about the course?

H3. Why have you chosen this specialty?

H4. What are your future professional plans?

H5. Are you aware of the price of this course abroad?

Yes	No
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H6. Is there a person or institution that supports it financially?

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H7. Are you under any medical treatment?

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H8. Do you commit to pay course fees on the due dates?

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As a candidate for the course by completing and stamping my signature on this application form, described above, I understand that it constitutes for legal purposes in Sworn Declaration with regard to the truthfulness of the information provided. In addition to an assumed payment commitment, in case my application would be approved.

Applicant signature. (Printed version only)

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Date:

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