

**IMSPP**

**Sponsored Online Course**

**Application Form**

Applicant:

1. mail:

Date:

APPLICANT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| General information | | | |
| Name |  | Country |  |
| National ID No.  (if applicable) |  | Educational level |  |
| Organization |  | Title |  |
| Phone/Mobile |  | E-mail |  |
| Postal address |  | | |
| Linkedin URL  (if applicable) |  | | |
| Education and work experience | | | |
| Education background |  | | |
| Work experience |  | | |
| What is your current role in the organization and your innovation management related tasks? | | | |
|  | | | |
| What do you expect to benefit from IMSPP Sponsored Online Course? | | | |
|  | | | |
| How will you apply the knowledge and skills gained from the course into practice? | | | |
|  | | | |

ORGANIZATION INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Organization |  | Country |  |
| Industry |  | No. of employees |  |
| Website  (if applicable) |  | | |
| Postal address |  | | |
| Organization details |  | | |

ORGANIZATION’S RECOMMENDATION

|  |  |  |  |
| --- | --- | --- | --- |
| Recommender |  | Title |  |
| Signature: Date: | | | |

APPLICANT’S COMMITMENT

|  |
| --- |
| I accept sponsoring from the IMSPP Sponsored Online Course and I confirm that I will respect the IP rights of the Innovation Manager Course and the relevant terms of the plan agreement.  Signature: Date:  *The application form cannot be accepted without a signature.* |