

**IMSPP**

**Sponsored Online Course**

**Application Form**

 Applicant:

1. mail:

Date:

APPLICANT DETAILS

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| --- |
| 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? |
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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

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| --- |
| 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.* |