Application for course



Fill out the form and attach the application in a message to us via Mit AKA.

| Name | |
|---------------------|--|
| CPR-number | |
| Date of application | |

About the course

| Name of the course | |
|--------------------------------|--|
| Link to the course | |
| Description of the course | |
| Start and end date | |
| Registration deadline (if any) | |
| Weekly hours | |

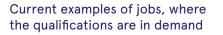
Application for course

| Price of course | |
|--|--|
| P-number and CVR-number of the place of course | |
| Adress of the course | |
| Phone number of the course | |
| Contact person at the course | |

| Why are you applying for this particular course | | | |
|--|-----|----|--|
| Have you tried to acquire the skills in another way (e.g. internship) and if so how? | | | |
| Job guarantee after completing the course | Yes | No | |
| Is the course on the regional list of approved courses (regional positivliste)? | Yes | No | |
| In which <u>RAR-region</u> is the course? | | | |







To be filled in by Akademikernes A-kasse:

| Konsulentens navn (a-kasse) | |
|-----------------------------|--|
| Direkte telefonnummer | |

| Ledighedsforbrug | |
|---|--|
| Jobmål i min plan (Jobmulighederne ifølge Arbejdsmarkedsbalancen) | |

