|  |  |  |
| --- | --- | --- |
|  | **TRAINING APPLICATION FORM** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Surname |  |
| Number |  | Number of Days Worked |  |
| Class |  | Beginning of Training |  |
| Department |  | End of Training |  |
| Work Place |  | Total Days Worked |  |
| The Address of Work Place |  | | |

|  |  |  |
| --- | --- | --- |
| **Subject of Evaluation** | **Evaluation Score**  **(please use the below given grades)** | **Further Thoughts, If any** |
| Willingness and interest to work |  |  |
| Awareness of occupational gainings during the training |  |  |
| Attitudes towards supervisors |  |  |
| Adaptation with working place and colleagues |  |  |
| **Corresponding Scores** | | |
| **A= Excellent B= Good C= Average D= Pass E= Fail** | | |
| **( It is required that the performance of the student should be entered to the score column as letter grade)** | | |

|  |
| --- |
| **Attendance:** |
| (Please write down here the absence of the student, if any) |

**Approval of Workplace**

|  |  |  |
| --- | --- | --- |
| Name and Surname |  |  |
| Occupation and Title |  |
| Phone Number |  |
| E-mail Address |  | **(Registration files without signature, seal/stamp are invalid)** |

**\*\*\*Please send the registration file in a sealed envelope.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Erciyes University**  **Tourism Faculty**  **Training Application Form** | |  | | --- | | **Photo** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name Surname** |  | | | | | | |
| **ID Number** |  | | | | | | |
| **Student Number** |  | | | | | | |
| **Phone Number** |  | | | | | | |
| **Faculty** |  | | | | | | |
| **Department** |  | | | | | | |
| **Beginning of Training** |  | | | | | | |
| **End of Training** |  | | | | | | |
| **Work days in a week** |  | | | | | | |
| **Total days worked** |  | | | | | | |
| **Place of work** |  | | | | | | |
| **City/Country** |  | | | | | | |
| **Choose the sub-sector of tourism you will be trained** | Accommodation | Travel Agencies and Tour Operators | Food and Beverage | Recreation | Airlines | Theme Parks | Other  (Please specify: …………….) |
|  |  |  |  |  |  |  |
| **E-mail address of work place** |  | | | | | | |
| **Phone number of work place** |  | | | | | | |

**Signature of Trainee Approval of Advisor**