

European Languagecenter



Private Languageschool – Brussels office

PARTNERSHIP APPLICATION FORM

We have the pleasure to receive your application, please fill in the form and send the signed and stamped version of the form back to info@eu-languagecenter.com

COMPANY NAME :
ADDRESS :
CONTACT PERSON (NAME AND SURNAME) :
TITLE :
CITY :
COUNTRY :
POSTCODE :
TEL :
GSM :
FAX :
E-MAIL :
WEBSITE :
WHAT IS YOUR MAIN ACTIVITY :
HOW MANY YEARS HAVE YOU BEEN WORKING IN THIS SECTOR ? :
HOW MANY EMPLOYEES DO YOU HAVE IN YOUR COMPANY ? :
DO YOU HAVE ANY BRANCH /OFFICE IN OTHER CITIES/COUNTRIES ? :
ARE YOU REPRESENTATIVE FOR OTHER LANGUAGE SCHOOLS ? : YES / NO (If yes, please refer it) :
HOW DID YOU REACH US :
WHICH PROGRAMS ARE YOU INTERESTED IN WORKING WITH US ? :
<input type="checkbox"/> BACHELOR/MASTER PROGRAMS
<input type="checkbox"/> ERASMUS PROGRAMS
<input type="checkbox"/> INTERNSHIP PROGRAMS
<input type="checkbox"/> SUMMER SCHOOL
<input type="checkbox"/> UNIVERSITY CONSULTANCY
<input type="checkbox"/> YEARLY FRENCH PROGRAMS
<input type="checkbox"/> YEARLY ENGLISH PROGRAMS

Name and Surname

Signature and Stamp