



FOR OFFICE USE ONLY	
Date of Application:	Application Reference Number:

**CALL FOR EVALUATORS**

**1. Applicant Name and Surname**

**2. Applicant Identity Card Number**

**3. Applicant Postal Address**

**4. Applicant Contact Details**

Telephone Number:	Mobile Number:
Email Address:	
VAT No.:	VAT Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Please attach a copy of your updated CV. Tick the fields you are interested in (you may tick more than one field)**

Sector-based:

Crafts	<input type="checkbox"/>	Literature	<input type="checkbox"/>	Visual Arts	<input type="checkbox"/>
Digital Arts	<input type="checkbox"/>	Theatre	<input type="checkbox"/>	Music	<input type="checkbox"/>
Dance	<input type="checkbox"/>	Film	<input type="checkbox"/>	Television	<input type="checkbox"/>
Digital Games	<input type="checkbox"/>	Publishing	<input type="checkbox"/>	Design	<input type="checkbox"/>

Other (please specify)

---

---

Interdisciplinary expertise:

Linguistics	<input type="checkbox"/>
Digital/ ICT	<input type="checkbox"/>
Education and development	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Intercultural dialogue	<input type="checkbox"/>
Community arts	<input type="checkbox"/>
Research	<input type="checkbox"/>
Project Management	<input type="checkbox"/>
Business development/entrepreneurship	<input type="checkbox"/>
Transnational cultural cooperation	<input type="checkbox"/>
Intellectual Property Rights/ Legal matters	<input type="checkbox"/>
Cultural export and international relations	<input type="checkbox"/>

Other (Please specify)

---

---

**Applicant's Declaration**

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**By signing this declaration, I confirm that, to my knowledge, all the information contained in this Application Form and its Annexes is correct.**

**By signing this declaration, I confirm that I have read the Guidelines and that I accept the conditions and process as stipulated in this same document.**