

REGISTRATION FORM

Please attach an up-to-date CV to this registration form.



PARTICIPANT :

☐ Ms ☐ Mr

Last Name:

First Name:

Address :

Email:

Phone Nr:

I am interested in following the training _____
that will take place from _____

Current profession :

- ☐ Fixed-term contract (non–entertainment industry)
- ☐ Permanent contract
- ☐ Intermittent entertainment worker
- ☐ Job seeker (non–entertainment industry)
- ☐ Self-employed
- ☐ other :

Planned method of financing :

- ☐ Company training plan ☐ direct funding or ☐ OPCO funding
- ☐ Personal Training Account (CPF)
- ☐ Via Pôle Emploi
- ☐ Personnel funding
- ☐ Other (please specify):

Worker with a disability ☐ Yes ☐ No

Is specific accommodation required? If yes, which one

YOUR ORGANISATION (for trainees on fixed-term or permanent contracts or managers)

Name of the organization:

Postal address:

Company SIRET number:

Contact person (Last name, First name):

Position:

Telephone:

Email:

OPCO / Training funder:

Contact details and position of the person responsible
(signatory of the training agreement):

COMMUNICATION

How did you find out about our training courses?

- ☐ Via the printed catalogue. How did you obtain it?
- ☐ Via the newsletter or an information email
- ☐ Via the Illusion & Macadam website
- ☐ Via Pôle Emploi, a Mission Locale, or CAP Emploi
- ☐ Via word of mouth
- ☐ Other :

Would you like to receive our newsletter?

- ☐ Yes
- ☐ No

YOU AND THE TRAINING

What are the main tasks you carry out as part of your profession
or what is your professional project if you are seeking employment?

What are your expectations in registering for this training (these trainings)?