



Annex 1

APPLICATION FORM FOR EXPRESSION OF INTEREST

**“CROSS-BORDER SEMINARS FOR HUB MANAGER”
CREATIVE@HUBS PROJECT**

I, the undersigned

Name and Surname _____,
born in _____, on _____ and resident in/at
_____, Country _____,
Telephone _____, Mobile _____, email _____,
Identified by the valid ID document N. _____

hereby:

- **express my interest for participating in the “cross-border seminars for hub manager” promoted by the *creative@hubs Project* in accordance with the call for interest on the CIHEAM Bari website;**
- **and declare that:**
 - o I have a working knowledge of English language;
 - o I belong to HUB management groups of the Hub _____ based in (city) _____ (Country) _____
 - o I hold a secondary level diploma;
 - o I am resident in the program’s eligible territories (Italy and Greece for participants; European or Mediterranean countries for external auditors).

Date _____

Signature _____

<https://greece-italy.eu/rlb-funded-projects/creativehubs/>

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