

**ENGINE REBUILDING COURSE**



**PERSONAL DATA**

**NAME**

**SURNAME**

**PLACE OF BIRTH**

**DATE OF BIRTH**

**RESIDENTIAL ADDRESS**

**POSTCODE**

**CITY**

**HOME ADDRESS IF DIFFERENT FROM RESIDENCE**

**PHONE**

**MOBILE**

**E-MAIL**

**NI NUMBER**

**ID NUMBER**

**EXPIRY DATE**

**DRIVING LICENSE CATEGORIES**

**EXPIRY DATE**

With this registration, the participant agrees to comply with the following requirements:

1. Assure his/her regular presence
2. Respect all dates and how the training course is organised

**FAMILY STATUS**

**I, THE UNDERSIGNED**

**DECLARE THAT I AM A CITIZEN OF**

**SINGLE**

**MARRIED**

**WIDOWED**

**SEPARATED**

**DIVORCED**

**N CHILDREN**

**MTS Motorsport Technical School**

Via Baschenis, 12 - 24122 Bergamo - Tel.: +39 035 28 19 261 - Fax: +39 035 28 19 262

info@mtschoool.it - [mtschoool.it](http://mtschoool.it)

**ENGINE REBUILDING COURSE**

**BILLING INFORMATION**

FIRST AND LAST NAME

NAME OF COMPANY

RESIDENTIAL ADDRESS

ZIP/POSTCODE

VAT NUMBER

NI NUMBER

**PERSONAL INFORMATION**

LAST JOB

TASK

DURATION OF CONTRACT

BUSINESS SECTOR

NAME OF COMPANY

OTHER REQUESTS

**ENGLISH LANGUAGE**

SPEAKING

BASIC

ADEQUATE

GOOD

EXCELLENT

WRITING

BASIC

ADEQUATE

GOOD

EXCELLENT

**TRAINING**

ED. QUALIFICATION

SUBJECT

OFFICE

DATE

SCHOOL




HIGH SCHOOL




HIGHER ED




UNIVERSITY




OTHER




OTHER COURSES

SUBJECT

ORGANISATION

DATE













SIGNATURE

GUARDIAN SIGNATURE IF MINOR

PRICE: 1800,00€ + VAT (MAX 10 STUDENTS)

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