

**Application Form**



Risk Management Excellence in Microfinance – *virtual training*

March 28th to April 1st, 2022

**Please send this form t**[**o tisiana.baguet@houseoftraining.lu**](mailto:tisiana.baguet@houseoftraining.lu) **by February 28th, 2022 (in pdf and word).**

**A selection will be made by the partners based on the profiles of the candidates / size of the organisations (22 available seats).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal details | | | | |
| Mr / Ms / Mrs | First and LAST NAME |  | | |
| Date of birth |  | Nationality |  | |
| Organisation | |  | | |
| Country | |  | | |
| Department or Unit | |  | | |
| E-mail address | |  | | |
| Position | |  | | |
| Functions occupied in the last 3 years | |  | | |
| Personal background in Risk Management | |  | | |
| Diploma | |  | | |
| Organisation Data | | | | |
| # Total Balance Sheet (EUR) | |  | | |
| # Total Active Customers | |  | | |
| # Staff | |  | | |
| Risk Management or ALCO Committee | | YES | | NO |
| Risk Management or ALM Department | | YES | | NO |
| If yes, # of staff employed | |  | | |
| If no, expected on (date) | |  | | |

**Please, join the last available financial statement of your organisation to the application form.**

**I herewith submit my application for the virtual workshop 2022 “Risk Management Excellence in Microfinance” and confirm that I have read and understood my contractual obligations as stated in the practical details.**

Date, place and signature

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