

**Registration Form „PotentialeFOKUS”**
Please fill in all fields of the form electronically and expand if necessary

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| --- | --- |
| First name: |  |
| Surname: |  |
| Academic title: |  |
| E-mail address: |  |
| Telephone number: |  |
| Postal address: |  |
| University: |  |
| Faculty: |  |
| Institute/centre/…: |  |
| Stage of career: (e.g. PhD, second year) |  |
| Employment contract at the university: |  |
| What I need to be able to successfully attend the rogramme: |  |

 **Please note!** Have you already attended a relevant workshop from the Potenziale programme in 2024 and would like to have it credited to the certificate? Please send us the confirmation(s) of participation with your registration.

[ ]  Yes, I would like to have workshops from the year 2024 recognised.

[ ]  I confirm that I accept the [Data Protection Declaration](https://static.uni-graz.at/fileadmin/_files/_administrative_sites/_koordination-gender/Dateien/Datenschutzerklaerung_VA_Potenziale.pdf) for this programme.

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| --- | --- |
| Place, Date | Signature |