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| Logotípia magyar_Feher_alapra.jpg | **Holocaust MEMORIAL CENTER**  H-1094 Budapest, Páva utca 39.  tel.: (+36 1) 455 3333  fax: (+36 1) 455 3399  www.hdke.hu |

**Application Form**

**9th Level I “Holocaust by Bullets” seminar for teachers**

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Place and Date of Birth: |  |
| Male/Female/Other |  |
| Nationality: |  |
| Address: |  |
|  |  |
| Postal address (if different): |  |
| Phone Number: |  |
| E-mail: |  |
| Qualifications: |  |
| Name of School/Workplace: |  |
| Address of School/Workplace: |  |
| Occupation: |  |
| Subjects taught: |  |
| Have you taken part in a Yahad seminar before, if yes, where? |  |

1. I hereby declare that I wish to participate in the “Holocaust by Bullets’ teacher training seminar to be organised on 19-20September 2025 by the Holocaust Memorial Centre, Budapest and Yahad-in -Unum.
2. Please, provide me with the following services/facilities during the seminar (underline the relevant responses):

Meals: YES / NO

FOOD preferences: No special needs / vegetarian/allergy/ etc:

Accommodation: YES / NO

Compensation for Travel Expenses: YES / NO

*Notes:*

*Meals: During the seminar the Memorial Centre is going to provide lunch on both days and dinner on Saturday for the participants.*

*Accommodation**: The Memorial Centre will provide accommodation for participants who are not residents in Budapest for two nights (19-20 September) in a nearby hotel. Participants must share a room with a fellow participant.*

*Compensation for travel expenses: The Memorial Centre will compensate for Hungarian participants travel expenses, while Yahad-in Unum will compensate for international train/bus/plane tickets of the participants between Budapest and the place of residence of the participants* ***up to 150 euros for people coming from neighbouring countries and 200 euros for people coming from other countries***.

1. According to 5. § (1/a) of Act CXII of 2011 on the right to self-determination as regards information and freedom of information, I hereby agree that my personal data may be used during the 9th Level I “Holocaust by Bullets” seminar for teachers organised by the Holocaust Memorial Centre.
2. By signing this application form, I agree to participate in the seminar. Participation may be withdrawn until 31th August 2025 by sending an email to the following email address: [oktatas@hdke.hu](mailto:oktatas@hdke.hu)
3. In case the participant fails to attend the seminar for any reason, the participant is obliged to pay for his/her accommodation and meals within 15 days.
4. I, the undersigned, recognize that my participation in the event, named below, does not create an employment relationship between YIU & HDKE and myself. The costs for my travel to, and participation in the event are covered by YIU solely for my convenience and benefit. I accept all conditions of travel and further:

a) agree to submit receipts and other relevant supporting documentation, evidencing that the funds have been used for the purpose for which they have been provided;

b) agree to not be reimbursed by YIU any funds if I should not be able to travel as originally planned;

**c) agree to not be reimbursed by YIU any funds if I should not attend the complete seminar.**

1. **Deadline for Application: 15th June, 2025**

……………, ………day……………. month 2025.

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Signature of Applicant

Please, send your **application form** and **covering letter to:**

[**oktatas@hdke.hu**](mailto:oktatas@hdke.hu)