**APPLICATION FORM**

*Please submit the completed form to* [*eu2@mmclearningsolutions.com*](mailto:eu2@mmclearningsolutions.com) *by 31 January 2023.*

Α. ORGANISATION/COMPANY INFORMATION

|  |  |
| --- | --- |
| 1. NAME |  |
| 1. REGISTRATION NUMBER |  |
| 1. ADDRESS |  |
| 1. CITY |  |
| 1. COUNTRY |  |
| 1. TELEPHONE NO |  |
| 1. E-MAIL ADDRESS |  |
| 1. WEBSITE |  |
| 1. LEGAL REPRESENTATIVE | Name:  Position: |
| 1. PERSON RESPONSIBLE FOR THE CERTIFICATION   *(If different from the*  *person in point 9)* | Name:  Position: |
| 1. SIZE BASED ON THE NUMBER OF EMPLOYEES | **Micro-organisation/company:** 1 to 9 employees  **Small Organisation/Company:** 10 to 49 employees  **Medium-sized Organisation/Company:** 50 to 249 employees  **Large Organisation/Company:** More than249 employees |
| 1. INDUSTRY IN WHICH THE ORGANISATION/COMPANY IS ACTIVE   *(Please tick the respective box below)* | |

|  |  |
| --- | --- |
|  | Agriculture, Forestry and Fishing |
|  | Mining and Quarrying |
|  | Manufacturing |
|  | Electricity, Gas, Steam and Air Conditioning Supply |
|  | Water Supply; Sewerage, Waste Management and Remediation Activities |
|  | Construction |
|  | Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles |
|  | Transportation and Storage |
|  | Accommodation and Food Service Activities |
|  | Information and Communication |
|  | Financial and Insurance Activities |
|  | Real Estate Activities |
|  | Professional, Scientific and Technical Activities |
|  | Administrative and Support Service Activities |
|  | Public Administration and Defence; Compulsory Social Security |
|  | Education |
|  | Human Health and Social Work Activities |
|  | Arts, Entertainment and Recreation |
|  | Other Service Activities |
|  | Activities of Households as Employers; Undifferentiated Goods and Services Producing Activities of Households for Own Use |
|  | Activities of Extraterritorial Organizations and Bodies |
|  | Other (Please specify): |

B. CERTIFICATION PROCESS

In order for the organisation/company to get certified as a “Learning Workplace”, it has to follow a three-phase process, as follows:

1. **Participation of employers and employees of the organisation/company in training workshops**
2. **Provision of consulting services to the organisation/company**
3. **Audit and certification of the organisation/company** *(for this, another Application Form needs to be submitted, as soon as steps 1 and 2 are completed)*

B.1 WORKSHOPS FOR EMPLOYERS AND EMPLOYEES

Depending on the size of the organisation/company, a specific number of **employers (employer representatives)\* and employees** of the organisation/company is requested to participate in the **LEARN training workshops**, as follows:

|  |  |  |
| --- | --- | --- |
| **SIZE OF ORGANISATION/COMPANY** | **NO OF EMPLOYERS IN TRAINING**  **WORKSHOPS** | **NO OF**  **EMPLOYEES**  **IN TRAINING**  **WORKSHOPS** |
| **Micro-organisation/company** | 1 | 20% of the personnel |
| **Small and Medium-sized Organisation/Company** | 2-4 | 10% of the personnel |
| **Large Organisation/Company** | 10 | 5% of the personnel |

*\*Owners, general managers, managing directors, members of Board of Directors, department managers (incl. HR managers), members of HR staff.*

B.1.1 PARTICIPATION IN WORKSHOPS BEFORE THE SUBMISSION OF THE APPLICATION

*(If the organisation/company has not participated yet in any training workshops, please select “No” in the question below and move to the next section, i.e. B1.2)*

1. **Has the organisation/company already participated in the training workshop for employers?** (*Please tick the relevant box below*)

YES

NO

If yes, please fill in the table below.

| **Date** | **Name(s) of Employers (Participant(s))** |
| --- | --- |
|  |  |
|  |  |

*You can also provide evidence on the above* ***in attachment*** *to the Application Form.*

1. **Has your organisation/company already participated in any of the seven training workshops for employees?** (*Please tick the relevant box below*)

YES

NO

*If yes, please fill in the table below.*

| **Date** | **Title** | **Names of Employees (Participants)** |
| --- | --- | --- |
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*You can also provide evidence on the above* ***in attachment*** *to the Application Form.*

B.1.2 PARTICIPATION IN WORKSHOPS AFTER THE SUBMISSION OF THE APPLICATION

**1. Please list below the names of the individuals who will participate in the LEARN workshops.**

|  |  |
| --- | --- |
| 1. Names of employers who will participate in the **Workshop “Positive Attitude for Employers towards the Transformation of Organisations into Learning Workplaces”** (*1 training session)* |  |
| 1. Names of employees who will participate in the **Workshop “Positive Attitude for Employees towards Learning Workplaces”** *(1 training session)* |  |
| 1. Names of employees who will participate in the Workshop **“Six Top Transversal Skills for Employees”** *(6 training sessions)*and will get certified with ISO 17024 |  |

B.2 PROVISION OF CONSULTING SERVICES

1. **When would you like the consulting to begin?** *(up to March 2023)*

Month:

1. **Who will be in charge of facilitating the consulting process on behalf of the organisation/company?**

Position:

Name (if applicable):

1. **LOCATION(S) TO WHICH THE CERTIFICATION SYSTEM WILL BE APPLIED**

**Please specify whether there are activities/tools which will be implemented/used in location(s) other than the organisation/company’s premises.** (*Please tick the relevant box below*)

YES

NO

If yes, please provide details:

1. **Please *attach* to the Application Form the following that will be taken into consideration for the provision of consulting services to the organisation/company**:

* *Organisational Chart*

B.3 OTHER CERTIFICATIONS

**1. Has your organisation/company received any other certification (e.g. ISO, Investors in People etc.)?**

If yes, please indicate the standard(s), the certification body(ies), and the date of expiration of the certificate(s).

* Certification 1:
* Certification 2:
* Certification 3:

|  |
| --- |
| **Name of Organisation/Company’s legal representative:**    **Signature of Organisation/Company’s legal representative:**  **Organisation/Company’s stamp:**  **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICIAL USE ONLY** | | | |
| **ASSESSMENT DIMENSION** | **INFORMATION PROVIDED**  **IN APPLICATION** |  | **POINTS AWARDED** |
| **1. Size of Organisation/Company**  *(Micro-organisation/company, small organisation/company, medium-sized organisation/company, large organisation/company)* |  |  |
| **Previous Participation in the Workshop for Employer Representatives**  *(Yes/No)* |  |  |
| **Previous Participation in the Workshops for Employees**  *(Yes/No)* |  |  |
| **TOTAL POINTS AWARDED** | | |  |
| Comments (if any): | | | |
| **Name of MMC Management Centre representative:**    **Signature of MMC Management Centre representative:**  **MMC Management Centre stamp:**  **Date:** | | | |