



**EHRI Workshop Application Form  
“Archival Basics: A Hands-On Workshop for Micro-  
Archives”**

**Novi Sad, May 28-30, 2024**

Full Name: \_\_\_\_\_

***Personal Data***

Prof.  Dr.  Mr.  Ms.  Mx. (Please highlight your choice.)

Gender:  Male  Female  Non-binary (Please highlight your choice.)

Last name:			
First name:			
Country of Birth:			
Date of Birth:			
Country of Citizenship:			
Passport Number:			

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Home Address			
Street:		Number:	
Postal Code:		City:	
State / Country:			
Telephone:			
E-mail Address:			

***Institutional Affiliation***

Name of Institution/Archive:	
Current Position and Length of Time:	



# EUROPEAN HOLOCAUST RESEARCH INFRASTRUCTURE

Institutional Address:	
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Archival experience (including volunteering):

## Language skills

Language proficiency: list languages and proficiency level for each, using numbers: 1 = Fair; 2 = Well; 3 = Very Well; 4 = Fluent. *Please note that intermediate language skills in English (2) are required to participate in the seminar.*

Language:	Reading:	Conversation:
1. English		
2.		
3.		
4.		
5.		

By handing in this application, I certify that to the best of my knowledge, the information provided above is accurate and complete.