**EXPRESSION OF INTEREST FROM CENTRAL AND EASTERN EUROPEAN HOTEL AND TOURISM EDUCATIONAL ESTABLISHMENTS**

In order for the Board to make an assessment of whether they are able to work/offer assistance to your institution please respond to the following:-

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| **Name of Institution:** |
| **Full Postal Address:** |
| **Name and Qualifications of Contact:** |
| **Name and Qualifications of Manager (Budget Holder):** |
| **Contact’s Telephone Number(s), including international dialling code:** |
| **Email:** |
| **Website:** |
| **Please state the number of years your organisation has been in existence:** |
| **Please state the legal entity of your organisation:** |
| **Does your institution operate with private or public funding?** |
| **Please list all the hospitality and tourism courses, including the total number of students on each course:** |
| **What facilities do you have currently (training kitchen/training restaurant/computer laboratory/library etc.)?** |
| **Briefly describe the project for which funding is required:** |
| **What is the need for the project?** |
| **Why is it important for your organisation to receive this funding?** |
| **What impact would the completed project have on your institution?** |
| **What would be the benefit to your students of the completed project?** |

Should the Board consider that they could offer assistance to your institution, you will be asked to complete an application form. Applicants are expected to provide evidence with any application they submit indicating that they have acquired/obtained matched funding from another source for 50% of the total cost of the project.