



ΚΥΠΡΙΑΚΟ
ΕΜΠΟΡΙΚΟ ΚΑΙ
ΒΙΟΜΗΧΑΝΙΚΟ
ΕΠΙΜΕΛΗΤΗΡΙΟ

ΕΓΚΥΚΛΙΟΣ

Λευκωσία, 15 Οκτωβρίου 2018

ΠΡΟΣ: Όλα τα Μέλη

ΑΠΟ: Λεωνίδα Πασχαλίδη, Αναπληρωτή Γενικό Γραμματέα

ΘΕΜΑ: Δωρεάν Πρόγραμμα Εκπαίδευσης στο Ισραήλ

Κύριοι,

Η Πρεσβεία του Ισραήλ στην Κύπρο μας έχει πληροφορήσει ότι μεταξύ **9-21/12/2018** θα διεξαχθεί στο Ισραήλ πρόγραμμα εκπαίδευσης με τίτλο: **“Innovation Road Map: How to Scale Up Your Start Up”**.

Το πρόγραμμα εντάσσεται στα πλαίσια συνεργασίας της Κύπρου, Ελλάδας και Ισραήλ στα θέματα της καινοτομίας και της επιχειρηματικότητας. Στοχεύει δε στην μεταφορά πρακτικών γνώσεων για δημιουργία πλατφόρμας στήριξης της επιχειρηματικότητας και την ανάπτυξη οδικού χάρτη για επιτυχία.

Το πρόγραμμα που θα έχει τη μορφή πρακτικών εργαστηρίων αποτελείται από τις εξής εκπαιδευτικές ενότητες:

- Εισαγωγή στα φυτώρια επιχειρήσεων (business incubators) και στους επιταχυντές επιχειρήσεων (business accelerators)
- Ανάπτυξη οικοσυστήματος/κοινοτήτων (οικοδόμηση δικτύου εταίρων και επενδυτών)
- Επισκέψεις σε φυτώρια και επιταχυντές επιχειρήσεων
- Στήριξη νεοφυών επιχειρήσεων για δρομολόγηση ενεργειών που οδηγούν στην επιτυχία (scale up)

Απευθύνεται κυρίως σε επιχειρηματίες και ιδιοκτήτες νεοφυών επιχειρήσεων. Είναι επίσης ανοικτό για συμμετοχή επιταχυντών επιχειρήσεων, ακαδημαϊκών και άλλων οργανισμών/φορέων (περιλαμβανομένου και του δημόσιου τομέα) που ασχολούνται με την καινοτομία και την επιχειρηματικότητα.

Επισυνάπτεται το αναλυτικό πρόγραμμα με όλες τις λεπτομέρειες καθώς και έντυπο δήλωσης συμμετοχής για όσους ενδιαφέρονται να συμμετάσχουν.



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Οι συμμετέχοντες θα επιβαρυνθούν μόνο με το κόστος μετάβασης στο Ισραήλ (αεροπορικό εισιτήριο). Όλα τα υπόλοιπα έξοδα (διαμονή/διατροφή, ασφάλιση, και συμμετοχή στο πρόγραμμα) καλύπτονται από το Υπουργείο Εξωτερικών του Ισραήλ.

Οι συμπληρωμένες δηλώσεις συμμετοχής, περιλαμβανομένης και της ιατροφαρμακευτικής δήλωσης πρέπει να αποσταλούν στην Ισραηλινή Πρεσβεία στη Λευκωσία **το αργότερο μέχρι τις 28 Οκτωβρίου 2018**, με αντίγραφο στις εξής ηλεκτρονικές διευθύνσεις:

economy@nicosia.mfa.gov.il

rana@mctc.org.il

Για οποιεσδήποτε επιπρόσθετες πληροφορίες ή / και διευκρινήσεις παρακαλείσθε όπως επικοινωνείτε με την Ισραηλινή Πρεσβεία στο τηλ. 22369508.

Με εκτίμηση,

Λεωνίδας Πασχαλίδης
Αναπληρωτής Γενικός Γραμματέας

/ΓΒ

**MASHAV - Israel's Agency for International
Development Cooperation**



**Regional Seminar:
Greece and Cyprus**

**Innovation Road Map:
How to Scale Up Your Start Up**

December 9th – 21st, 2018



**The Golda Meir Mashav "Carmel"
International Training Center
(MCTC)**



About the Course

As part of the growing regional cooperation between Israel-Cyprus and Greece and acknowledging the great importance of cooperation in the field of innovation; high technology and entrepreneurship – we are happy to initiate this course on the topic of- Innovation Road Map: How to Scale Up Your Start Up.

Background

With a population of about 8 million, Israel has over 6,000 start-ups, and 1,000 new start-ups are launched every year. Being the “Startup Nation”, it is only natural to address the issue of innovations for startups and expose participants to the uniqueness of Israel’s entrepreneurial ecosystem which includes over 100 accelerators. Israel as a leader in the entrepreneurial world, combines innovation with technology, education, academia and is comprised of various populations: men, women, youth, children, veteran Israelis, newcomers, minority groups and more.

Breaking down the name start up nation you will find government policies, spirit of entrepreneurship, a culture of diversity and an educated entrepreneurial community. Israel has the proven capacity to turn ideas into innovative products and services and has many different accelerators which have been created to support entrepreneurs in their startup ventures. It is within this framework that the present seminar is offered. In Israel’s ecosystem you will find cooperation between private & public sectors, government programs with early stage initiatives, technological aspects transforming social issues into solutions and many more.

Aims

This seminar will provide participants with skills and knowledge on how to build a platform that supports entrepreneurs in their early stages, and will give practical tools on how to develop a roadmap for success and building a community.

Training Modules are;

- ✓ Introduction to Business Accelerators and Business Incubators
- ✓ Ecosystem and community development (building a network of partners and investors)
- ✓ Site visits to accelerators and Incubators
- ✓ Supporting Start-ups in paving a way to success (Scale Up)

Main Subjects

Main subjects of the course will include:

- Business models, eco-system analysis.
- Pitching and fund raising workshops
- Interpersonal Communication, Image and Self-Presentation
- Investor’s point of view
- Models and Goals of Accelerators (private, public, academic)
- The Ecosystem - Support Frameworks for Entrepreneurs
- Social Entrepreneurship

Application

Application Requirements

The Course is designed for women and men alike, focusing mainly on entrepreneurs and start up owners. A special Consideration will be given to Managers of accelerators and other entrepreneurial SME support agencies, private sector support systems for entrepreneurs and NGOs dealing with small business support and development of entrepreneurs in their communities. Candidates should hold an academic degree in related disciplines, and have at least five years of professional work experience in related fields. **A full command of English is required.**

Application forms

Application forms and other information may be obtained at the nearest Israeli mission or at MASHAV's website: <http://mfa.gov.il/MFA/mashav/Courses/Pages/default.aspx>

Completed application forms, including the medical form, should be sent to the relevant Israeli mission in the respective country no later than **October 28st, 2018.**

One additional copy of the application must be sent to:

Ms. Rana Suidan at MCTC: rana@mctc.org.il

General Information

The course will be held at a Hotel, in Haifa. Participants will be accommodated in double rooms (two participants per room).

Arrival and Departure

Arrival date:	9.12.18
Opening date:	10.12.18
Closing date:	20.12.18
Departure date:	21.12.18

Participants should arrive at the Dan Panorama hotel in Haifa on the arrival date, and leave the hotel on the departure date. Early arrivals/late departures if required, must be arranged by the participants themselves, directly with the hotel, **and must be paid for by the participant him/herself.**

Health Services

Medical insurance covers medical services and hospitalization in case of emergency. It does not cover the treatment of chronic or serious diseases, specific medications taken by the participant on a regular basis, dental care and eyeglasses. Health authorities recommend that visitors to Israel make sure they have been inoculated against tetanus in the last ten years. Subject to the full binding policy conditions. Participants are responsible for all other expenses.

About MASHAV

MASHAV – Israel's Agency for International Development Cooperation is dedicated to providing developing countries with the best of Israel's experience in development and planning. As a member of the family of nations, The State of Israel is committed to fulfilling its responsibility to contribute to the fight against poverty and to the global efforts to achieve sustainable development. MASHAV, representing Israel and its people, focuses its efforts on capacity building, sharing relevant expertise accumulated during Israel's own development experience to empower governments, communities and individuals to improve their own lives.

MASHAV's approach is to ensure social, economic and environmental sustainable development, and is taking active part in the international community's process of shaping the Post-2015 Agenda, to define the new set of the global Sustainable Development Goals (SDGs).

MASHAV's activities focus primarily on areas in which Israel has a competitive advantage, including agriculture and rural development; water resources management; entrepreneurship and innovation; community development; medicine and public health, empowerment of women and education. Professional programs are based on a "train the trainers" approach to institutional and human capacity building, and are conducted both in Israel and abroad. Project development is supported by the seconding of short and long-term experts, as well as on-site interventions. Since its establishment, MASHAV has promoted the centrality of human resource enrichment and institutional capacity building in the development process – an approach which has attained global consensus.

www.mashav.mfa.gov.il

www.facebook.com/MASHAVisrael

About The Golda Meir Mashav "Carmel" International Training Center

The Golda Meir Mashav "Carmel" International Training Center (MCTC) was founded by Golda Meir in Haifa in 1961. MCTC was the first of its kind in the domain of women's empowerment and since its inception has had a profound influence on both individuals and the policy arena. MCTC endeavors to provide professional women and men from developing countries and transitional societies with the necessary tools for women's empowerment. It aims to enable women to contribute to the socio-economic development processes of their communities and consequently advance their status. To this end, MCTC conducts training activities, both in Israel and overseas, to advance women's participation in public life.

To date, over the 60 years of MCTC's existence, over 25,000 women and men from over 140 countries have benefited from hundreds of training activities. Today, many of them hold key positions at the local or national level, or within United Nations development agencies.

For further information, please contact:

The Golda Meir Mashav "Carmel" International Training Center (MCTC)

12 David Pinsky Street, POB 6111, Haifa 31060, Israel

Tel: +972-4-8375904

Fax: +972-4-8375913

Email: rana@mctc.org.il

Website: www.mctc.org.il



MASHAV
Israel's Agency for International Development Cooperation
Ministry of Foreign Affairs
Jerusalem

Dear Applicant,

Thank you for applying for a professional training program in Israel. In order for us to consider your application, please complete the enclosed form and return it to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. Please type your answers. This will facilitate the application process and enable us to make our decision in as short a time as possible.

Only candidates who are accepted will be notified by the Israeli representative.
 Thank you for your cooperation.

ESSENTIAL:

This application form must be TYPED IN THE LANGUAGE OF THE PROGRAM, and accompanied by the following:

- Completed and approved medical certificate form (attached).
- Certificate of language proficiency (If the language of the program is not your mother tongue or the official language of your country).
- Photocopy of the relevant highest academic degree obtained translated to the language of the program.
- A passport photo.
- Two letters of recommendation from present employers or relevant affiliation.
- These forms should reach the nearest Israeli representative at least ten weeks prior to the opening of the program.

FOR OFFICIAL USE ONLY

שגרירות/ נציגות ישראל במדינת _____ תאריך קבלת השאלון _____
 ראייתי את המועמד/ת שם פרטי _____ שם משפחה _____ אישית/טלפוני _____
 הערכת המועמד/ת והתאמה לקורס: _____

שם	תפקיד	חתימה	חותמת
השגרירות			

- נא לשלוח עותק אחד במייל למש"ב ובמקביל לשלוח עותק במייל לשלוחה הרלוונטית. עותק קשיח יישאר בנציגות.
- שאלונים שלא ימולאו במלואם כולל חלק זה בעברית לא יטופלו.

1. General

Name of the training program _____

Name of training institution in Israel _____

Dates: _____ Language of the course _____

**Passport
Photo****Financial arrangements:****Flight ticket will be paid by** _____**Tuition and accommodation will be covered by** _____**2. Personal Data**

Surname _____ Given Names _____

Country _____ Citizenship _____

Religion _____ Passport No. _____

Date of Birth _____ Gender: Male / FemaleHome address _____

Telephone (country code _____) (area code _____) Number _____

Cell phone (country code _____) (area code _____) Number _____

Fax _____ e-mail _____

3. Education

	Institute	Location	Year	Field of Expertise	Degree
Higher Education					
Academic Degrees: First					
Second					
Third					

4. Other studies / courses / seminars relevant to the program (Last 10 years)

Subject of course	Country	Organized by	Duration of studies	Year

5. Previous Studies in Israel

Subject of course	Year	Training Institute

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Name of applicant _____

6. Computer Proficiency

No_____ Yes_____

If yes, please specify (Word, Excel, etc.)_____

7. Knowledge of languages

Mother Tongue_____

Language of the program	Reading			Speaking			Writing		
	Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

8. Employment

Full Name of Institution_____

Type of Institution: Government / NGO / Private / Other_____

Address _____

Telephone_____ Fax: _____ e-mail _____

Present Position and description of your responsibilities _____

9. Former places of Employment

Name of Institution	Dates From-To	Position held

Name of applicant _____

10. References: Please list two people who are acquainted with your professional qualifications

Reference 1

Name	Position
Telephone number Country code area code number	Cell phone number Country code area code number
Fax number Country code area code number	e-mail address

Reference 2

Name	Position
Telephone Number Country code area code Number	Cell phone Number Country code area code Number
Fax Number Country code area code Number	e-mail address

DECLARATION

TRAINING PROGRAM _____ Date _____

I, the undersigned, Mr./Mrs./Miss _____ of (country) _____
in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the government of Israel to enable me, if I should be found suitable, to participate in a period of study and/or training in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I AM FULLY AWARE that the training opportunity given to me is designed for the benefit of my country's development. I, therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the professional institution hosting the training program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my training program.
- (F) I UNDERSTAND that the Government of Israel cannot in any way be held responsible for the material needs of my family during my stay in Israel, nor for my employment upon my return to my country.
- (G) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the training program.
- (H) I AM - to the best of my knowledge - of healthy body and mind and do not require any medical treatment or attention.
- (I) I UNDERTAKE to submit to a further medical examination before or during my studies when required to do so by the Government of Israel.
- (J) I AM FULLY AWARE that the institute does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (K) (FOR WOMEN) I AM NOT - to the best of my knowledge - pregnant, and I understand that I am liable to be sent home in case of pregnancy.
- (L) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (M) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.
- (N) I HEREBY CERTIFY that all information and documents presented are correct and truthful.
- (O) I AM FULLY AWARE that it is my responsibility to obtain the name and location of the Israeli institute to which I am going, its address and how to arrive there.

(P) I UNDERSTAND that all the financial arrangements have been finalized with the Israeli Representative before my arrival in Israel.

(Q) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the Israeli institute covers me only during the period of the course/program within the area of the State of Israel.

I confirm hereby my full agreement to these conditions.

Name and surname of applicant _____

Signature of applicant _____

Date _____ **Place** _____

Please write a short paragraph describing your expectations from the training program including the direct contribution of the program to your field of work, as well as future plans after completion of the program.

Please write a very short autobiography

Declaration of State of Health

This form is designed for men and women alike.
Please fill out this form accurately and completely.




First name: Last name:

Passport no. Date of birth:

Please answer the following questions by marking the appropriate box.

A Health Statement		yes	no
Have you been referred during the last two years for medical and/or diagnostic tests that have not yet been completed and regarding which no final diagnosis has been made , involving any of the following procedures: catheterization, scanning, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal monitoring), biopsy, occult blood, colonoscopy, gastroscopy, blood tests, urine tests?			
Have you been diagnosed with a disease, condition, or disorder associated with one or more of the following:			
Nervous system (neurology) and brain: nervous system, CVA (cerebrovascular accident), multiple sclerosis, muscular dystrophy			
Renal failure			
Respiratory system: COPD (chronic obstructive pulmonary disease), cystic fibrosis			
Malignant disease or tumor (cancer)			
Disease of the immune system: Lupus			
Heart disease			
Sexually-transmitted disease (including AIDS and/or HIV carrier)			
Infectious diseases:			
Tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no			
Hepatitis B virus <input type="checkbox"/> yes <input type="checkbox"/> no			
Hepatitis C virus <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you been diagnosed as suffering a mental disease			
For women only - Are you pregnant			
Signature of Applicant:		Date:	

B Declaration of the Insurance Applicant	
<p>1. The information included in this document is essential in order to insure you under the policies and for all other matters related to policies and their handling. The Company and other companies in the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf will use it, including processing, storing, and using it for any matter related to the policies and other legitimate purposes, including the provision of the information to third parties acting on behalf of and in the name of the Harel Group.</p> <p>2. I/we hereby declare that all the answers are correct and full and have been provided of my/our own free will.</p> <p>3. The answers specified in the Health Declaration and any other information provided to the company, as well as the accepted terms of the company regarding this matter shall serve as fundamental terms of the insurance contract between you and the company and shall constitute an integral part therefore.</p> <p>4. The company is permitted to decide whether to accept or deny your application. For your information, the insurance contract will become effective only after the company issues written confirmation of acceptance of all the applicants for insurance.</p> <p>5. Waiver of medical confidentiality: I, the undersigned, hereby give permission to the HMO (kupat holim) and/or its medical institutions and/or the all other physicians and psychiatrists, medical institutions and hospitals, and/or any other insurance company and/or any institution and other party, insofar as necessary in order to examine the rights and obligations according to the policy and/or for the purpose of the procedure of examining of my acceptance for the insurance requested, to provide Harel with all the information and details held by the company, without exception, in the form requested by the Requester/s, regarding my health condition, including any disease that I suffered from in the past and/or that I suffer now and/or that I will suffer in the future, and I relieve you from the duty of maintaining medical confidentiality and waive confidentiality in favor of the "Requester". This waiver is binding of my/our estate and my legal representatives and anyone substituting for me.</p>	
<p>Signature of Applicant: </p> <p>Date:</p>	