



APPLICATION FORM AND PERSONAL INFORMATION SHEET

*If possible, please fill in with **typewriter/computer**. If there is not enough space use a **separate page!***

PERSONAL DETAILS

Full name: _____	<u>Persons to be contacted in case of emergency</u>
Street: _____	Full Name: _____
Zip Code, town: _____	Address: _____
Country: _____	Tel.: _____
Tel.: _____	Zip Code, town: _____
Email: _____	Country: _____
Nationality: _____	
Date of birth: _____ Sex: _____	
Kind of document: _____	
Number: _____	

FAVOURITE DESTINATIONS AND PERIODS

Which school education / degree do you have? _____

Do you have a vocational training? Which? _____

In which professional field would you like to do the practical training? **(Please give three concrete examples, in order of preference, giving to the international partner useful information for the research of the placement)** _____

Which professional experience do you have? _____

Have you been abroad for a long time (exchange, practical training, etc.)? _____

EDUCATION/PROFESSIONAL EXPERIENCES/INTENSHP

Favourite destinations:	Favourite period:
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____
5) _____	5) _____
6) _____	6) _____
7) _____	7) _____

Signature: _____



FOREIGN LANGUAGES

	NOT AT ALL	A LITTLE BIT/ BASIC	ABOVE AVERAGE/ INTERMEDIARY	FLUENTLY/ PROFICIENT
English				
German				
French				
Spanish				
Portuguese				
Italian				
Other (please specify)				

EXPECTATIONS/FUTURE PLANS

Please describe your expectations in respect to the internship abroad

What are your personal plans after this project?

What are your desires, hopes and fears in respect to this project?

Why do you think you are suitable to participate in this project?

WE NEED THE FOLLOWING DETAILS FOR YOUR STAY ABROAD:

Do you smoke?	Yes	No
Do you have any dietary requirements? <i>If yes, which ones?</i>	Yes	No

Do you have a driving licence?	Yes	No
Do you have any health problem? <i>Do you need to take some medicines</i> <i>If yes, which ones?</i>	Yes	No

Are there any activities that you cannot do due to health problems (<i>e.g. allergies etc.</i>)?		

Herewith, I assure that all given details are true.

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Signature: _____