



APPLICATION FORM AND PERSONAL INFORMATION SHEET

PERSONAL DETAILS

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

FAVOURITE DESTINATIONS AND PERIODS

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



EDUCATION/PROFESSIONAL EXPERIENCES

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...)? _____

FOREIGN LANGUAGES

	A1	A2	B1	B2	C1	C2
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 If yes, which ones?</i>	Yes	No
Did you have any health problems or illness in the past years (i.e. panic attacks, etc.). If yes, which ones?	Yes	No
Are there any activities that you cannot do due to health problems (e.g. allergies etc.)?	Yes	No



Herewith, I assure that all given details are true.

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Signature:
