

3. 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: _____	Kind of document: Pass <input type="checkbox"/> Id. card <input type="checkbox"/>	
Street: _____	Number: _____	
Zip Code, town: _____	Persons to be contacted in case of emergency	
Country: _____		
Tel.: _____		Full Name: _____
Email: _____		Address: _____
Fax: _____		Tel.: _____
Nationality: _____	Zip Code, town: _____	
Date of birth: _____ Sex: _____	Country: _____	

Favourite Destinations

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Education/Professional experiences/Internship

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.)? _____

Foreign Languages

You can communicate in	not at all	a little bit / basic	above average / intermediary	Fluently / proficient
English				
German				
French				
Spanish				
Portuguese				
Italian				
Other (please specify)				

Expectation/Future Plan

Please describe your expectation 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? *yes no*

If yes, which ones?

.....

Do you have a driving licence? *yes no*

Do you have any health problem? *yes no*

Do you need to take some medicines yes no

If yes, which ones?

.....

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

.....

Herewith, I assure that all given details are true.

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