



Erasmus+



## Student's Application Form

(Fill in it with Microsoft Word)

### Personal Data

(COLOR PHOTO)	<b>Name</b>		
	<b>Surname</b>		
	<b>Passport/ID</b>		
	<b>Date of birth</b>		
	<b>Adress</b>		
	<b>City</b>		
	<b>Country</b>		
	<b>Zip code</b>		
	<b>Nationality</b>		
	<b>STUDIES</b>	<b>Sector</b>	
<b>Course</b>			
<b>Cell phone</b>		<b>Sex</b>	<input type="checkbox"/> Man <input type="checkbox"/> Woman
<b>Email</b>		<b>Civil State</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single

In case of an emergency, call:

<b>Name</b>			
<b>Address</b>		<b>Relationship with the student</b>	
<b>City</b>		<b>Country</b>	
<b>Zip code</b>		<b>Phone number</b>	
<b>Cell phone</b>		<b>Email</b>	



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<b>City</b>			
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## Health

<b>Do you have any special dietary requirement?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO
<b>Do you have any allergies?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO
<b>Do you have any special needs?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO
<b>Do you smoke?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO
<b>Do you require any medication regularly?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO
<b>Do you require any medical treatment?</b>	<input type="checkbox"/> YES ( <i>Please specify</i> ) <hr/> <input type="checkbox"/> NO

## Your needs in the workplace

Explain in which sector would you like to be employed (finances, tourism, IT...)

First choice - \_\_\_\_\_

Second choice - \_\_\_\_\_

State the tasks you would like to make:

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Mark if you have any experience in the tasks you would like to make:

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## Residence

During your stay, you will be responsible for all damages to your home. You will also be required to keep your home in an acceptable state of order and cleanliness Do you understand and agree to this?

YES  NO

For the duration of your stay, you will be the only responsible for your belongings, including money, Passport, and documents. Do you understand and agree to this?

YES  NO

Would you mind living with animals?

Yes  NO  Indiferent

## Languages

Spanish	Oral comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
	Written comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
English	Oral comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
	Written comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
German	Oral comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
	Written comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
Portuguese	Oral comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
	Written comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
Italian	Oral comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good
	Written comprehension	<input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Good <input type="checkbox"/> Very good

## Work experience



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Company/ Activity	From	To	Place and responsibilities held

Have you ever worked abroad? If so, please explain:

\_\_\_ YES \_\_\_ NO

### **Your hobbies, interests and aspirations**

Write about your hobbies and interests

### **Documentation to Contribute:**

- \* DNI en vigor o passaport.
- \* 1 fotografia a color mida carnet
- \* Còpia de la Targeta Sanitària europea, o en el seu defecte el certificat fet per la Seguretat Social cobrint tota la mobilitat.
- \*Fotocòpia de les dades bancàries
- \*Currículum Vitae: <https://europass.cedefop.europa.eu/editors/en/cv/compose> (anglés)
- \*Carta motivació: <https://europass.cedefop.europa.eu/editors/en/cl/compose> (anglés)

### **Student's declaration**

I certify that the information provided is correct, and I allow STEPV/ESFMB to keep my data and transfer the to the agencies as required to complete the Project.

Name and surname: \_\_\_\_\_

Date: \_\_\_\_\_

