



APPLICATION FORM

Personal details

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

1) 2) 3) 4) 5)

Education / Professional experience / 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 hand-on-training? (Please, give three specific examples, in order of preference, giving useful information for the research of the placement to the international partner)

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 (specify)				

Expectation / Future

Please, describe your expectation in relation to the internship abroad:

What are your desires, fears and hopes regarding this project?

What are your personal plans after this project?

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

Yes / No

Expectation / Future

Do you smoke?

Do you have any dietary requirements?

If yes, which ones?

Do you have a driving licence?

Do you have any health problem?

Do you need to take any medicine?

If yes, which one?

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

Your personal data have been obtained according to Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR).

You can exercise right of access, rectification, erasure, restriction of processing, portability and object, sending an e-mail to: