



Erasmus+



Job Shadowing Application Form

(Fill in it with Microsoft Word)

Personal Data

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

In case of an emergency, call:

Name			
Address		Relationship with the student	
City		Country	
Zip code		Phone number	
Cell phone		Email	



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City			
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Health

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

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

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	___ No ___ A little ___ Good ___ Very good
	Written comprehension	___ No ___ A little ___ Good ___ Very good
English	Oral comprehension	___ No ___ A little ___ Good ___ Very good
	Written comprehension	___ No ___ A little ___ Good ___ Very good
German	Oral comprehension	___ No ___ A little ___ Good ___ Very good
	Written comprehension	___ No ___ A little ___ Good ___ Very good
Portuguese	Oral comprehension	___ No ___ A little ___ Good ___ Very good
	Written comprehension	___ No ___ A little ___ Good ___ Very good
Italian	Oral comprehension	___ No ___ A little ___ Good ___ Very good
	Written comprehension	___ No ___ A little ___ Good ___ Very good

Work experience

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: _____





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