

**Student’s Application Form**

**(Fill in it with Microsoft Word)**

**Personal Data**

|  |  |  |
| --- | --- | --- |
| (COLOR PHOTO) | **Name** |  |
| **Surname** |  |
| **Passport/ID** |  |
| **Date of birth** |  |
| **Adress** |  |
| **City** |  |
| **Country** |  |
| **Zip code** |  |
| **Nationality** |  |
| **STUDIES** | **Sector** |  |
| **Course** |  |
| **Cell phone**  |  | **Sex** | \_\_\_\_ Man \_\_\_\_ Woman |
| **Email** |  | **Civil State** | \_\_\_ Married\_\_\_ Single |

In case of an emergency, call:

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

Health

|  |  |
| --- | --- |
| **Do you have any special dietary requirement?** |  \_\_\_ YES (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ NO |
| **Do you have any allergies?**  |  \_\_\_ YES (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ NO |
| **Do you have any special needs?** |  \_\_\_ YES (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ NO |
| **Do you smoke?** |  \_\_\_ YES (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ NO |
| **Do you require any medication regulary?** |  \_\_\_ YES (*Please specify*)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ NO |
| **Do you require any medical treatment?** |  \_\_\_ YES (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ 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 he duration of your stance, you will be the only responsible of 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**

|  |  |  |
| --- | --- | --- |
| 1. Spanish
 | Oral comprehension |  \_\_\_ No \_\_\_ A little \_\_\_ Good \_\_\_ Very good |
| Written comprehension |  \_\_\_ No \_\_\_ A little \_\_\_ Good \_\_\_ Very good |
| * + - * 1. 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 responsabilities 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:\_\_\_\_\_\_\_\_\_\_\_\_\_