**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:  Street:  Zip Code, town:  Country:  Tel.:  Email:  Fax:  Nationality:  Date of birth: Sex: | Kind of document: Pass  Id. card   Number:  Persons to be contacted in case of emergency Full Name: Address:  Tel.:  Zip Code, town:  Country: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Favourite Destinations and Periods:** | | | |
| DESTINATIONS:  1)  2)  3)  4)  5) | | PERIODS:  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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