**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 emergencyFull 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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