

Erasmus + Mobility Participant Application form

passport photo

PLEASE COMPLETE ALL SECTIONS USING COMPUTER

THE FORM MUST BE FILLED IN ENGLISH

PERSONAL INFORMATION			
First Name		Family Name	
WHO SHOULD WE CONTACT IF THERE IS AN EMERGENCY?			
First Name- Family Name			
Address		Relationship	
City		Country	
Post Code		Telephone	
Mobile		Email	
YOUR HEALTH			
Do you have any special dietary needs?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please tell us about them:</i>
Do you have any allergies?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please tell us about them:</i>
Do you have any special needs?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please tell us about them:</i>
Do you smoke?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you taking any regular medication?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please tell us about them:</i>
Are you receiving any medical treatment?	(✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please tell us about them:</i>



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YOUR WORK PLACEMENT REQUIREMENTS

Your conditions of employment will be determined by the employer and you will be required to abide by these. Do you understand and agree to this? (✓) Yes No

Please state the sectors you would like to be placed (e.g. administration, finance, marketing, tourism, etc)

Choice #1:

Choice #2:

Please indicate which tasks you would like to carry out:

Please indicate if you have any previous experiences in the sectors mentioned above:

YOUR ACCOMMODATION

During your stay, you will be responsible for any damage you cause to the property, and will be expected to contribute to the cleanliness and tidiness of your accommodation. Do you understand and agree to this? (✓) Yes No

During your stay you will be responsible for the safety and security of your own personal possessions, including your money, travel tickets and passport or identity card. Do you understand and agree to this? (✓) Yes No

Please list your computer skills:

Language levels – level correspond to the council of Europe' s common European framework

English	Beginner	<input type="checkbox"/> Beginner - assumes no previous knowledge of English
	Basic user	<input type="checkbox"/> A1 Elementary – you can deal with very limited day- to-day activities
		<input type="checkbox"/> A2 Lower intermediate – you can deal with predictable day-to-day activities
	Independent user	<input type="checkbox"/> B1 Intermediate – you can deal with varied familiar everyday activities
		<input type="checkbox"/> B2 Upper intermediate – you can deal with simple key work tasks
	Proficient user	<input type="checkbox"/> C1 Advanced – you can deal with complex work tasks
<input type="checkbox"/> C2 Proficiency – you can use the language fluently, accurately and appropriately		
Other Languages	#1: Mother tongue:	
	#2:	<input type="checkbox"/> Beginner <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
	#3:	<input type="checkbox"/> Beginner <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2



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#4:	<input type="checkbox"/> Beginner	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
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WORK EXPERIENCE

Company/Activity	From	To	Responsibilities

Have you ever worked abroad? (✓) Yes No If yes, please give details:

YOUR HOBBIES, INTERESTS AND ASPIRATIONS

Please tell us a little about your hobbies, interests and what you do in your spare time:

YOUR FUTURE

What do you want to do at the end of your studies?

STUDENT'S DECLARATION

I certify that the information I have given in connection with this application is true and correct. I give my permission to use this information to fulfil my requirements and agree to this information being passed to other people and organisations as necessary.

Name and Surname:

Date:



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