

Participant Application Form

THE FORM MUST BE FILLED IN ENGLISH



Surname: Name:

Date of Birth: Place of Birth:

Nationality: Address:

City: Country: Post Code:

ID number: Sex: Male Female

Email: Telephone/Mobile:

Marital Status: Married Single Do you have a driving license? Yes No

Who should we contact if there is an emergency?

Surname: Name:

Relationship: Address:

City: Country: Post Code:

Telephone: Mobile:

Email:

Your Health

Do you have any special dietary needs? Yes No If yes, please tell us about them:

Do you have any allergies? Yes No If yes, please tell us about them:

Do you have issue in living with pets?

Yes No

If yes, please tell us about them:

Do you smoke?

Yes No

Are you taking any regular medication?

Yes No

If yes, please tell us about them:

Are you receiving any medical treatment?

Yes No

If yes, please tell us about them:

Do you suffer of any sleep disorders?
(somnambulism, apnea, etc)

Yes No

If yes, please tell us about them:

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



Professional field requested / internship sector:

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)

1.
2.
3.

Please indicate what concrete tasks you would like to carry out (Please give three concrete examples, in order of preference)

1.
2.
3.

Which professional experience do you have?

Have you been abroad for a long time (exchange, practical training, etc.)?

Dear participant,

Besides the application form you should send the following documents:

- Europass CV
- Motivation letter
- Scanned passport photo
- European Insurance Card
- Other possible required documents

Name and Surname:

Date:

Protección de datos:

Para que la Entidad Beneficiaria pueda prestar sus servicios al cliente, éste deberá proporcionarnos los datos de carácter personal que se indican. De acuerdo con lo establecido en la ley Orgánica 15/1999, de 13 de Diciembre de 1999, de Protección de Datos de carácter personal, el usuario y titular de los datos queda informado, y presta su consentimiento inequívoco de que mediante la cumplimentación del presente formulario sus datos personales quedarán incorporados a los ficheros automatizados de la Entidad Beneficiaria con el fin de poderle prestar y ofrecer nuestros servicios, así como para informarle de actividades futuras que le puedan ser de interés. Queda igualmente informado sobre la posibilidad de ejercer los derechos de acceso, rectificación, cancelación y oposición de sus datos de carácter personal en los términos establecidos en la legislación vigente, contactando con la Entidad Beneficiaria.