### photo



Student Application Form

***PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS USING A PC***

***THE FORM MUST BE FILLED IN ENGLISH***

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| PROGRAMME DETAILS | | | |
| **Project Name (please add also the project number)** |  | | |
| **Arrival Date** |  | **Departure Date** |  |
| **No Months/Weeks** |  | | |

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| PERSONAL INFORMATION | | | |
| **Family Name** |  | First Name |  |
| **Date of Birth** |  | Address |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Sex** | Male  Female | **City** |  |
| **Marital Status** | Married  Single | **Post Code** |  |
| Passport / IDNumber |  | **Country** |  |
| **Mobile** |  | **Telephone** |  |
| **Do you have a**  **driving license?** Yes  No | Yes  No | **Email** |  |
| WHO SHOULD WE CONTACT IF THERE IS AN EMERGENCY? | | | |
| **Name** |  | | |
| **Address** |  | **Relationship** |  |
| **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:*** | |

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| **Do you have any special needs?** (✓) | 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:*** |

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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, 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:** |
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| 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* |

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| YOUR EDUCATION | | | | | |
| From | To | | Name of School/University | | Exams passed and grade |
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| **Please list your computer skills:** | | | | | |
|  | | | | | |
| **Please list any languages you can speak, indicating your level and the number of years of study** | | | | | |
| English | | Oral comprehension (✓) | | Nil  Fair  Good  Fluent | |
| Speaking ability (✓) | | Nil  Fair  Good  Fluent | |
| Number of years study | |  | |
| Other Languages | | #1: German | | Nil  Fair  Good  Fluent | |
| #2: French | | Nil  Fair  Good  Fluent | |
| #3: Italian | | Nil  Fair  Good  Fluent | |
| #4: | | Nil  Fair  Good  Fluent | |

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| WORK EXPERIENCE | | | |
| **Company/Activity** | **From** | **To** | **Responsibilities** |
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| **Have you ever worked abroad? (✓)**  Yes  No If yes, please give details: | | | |

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| 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?  What is your career goal or ambition? |
| STUDENT DECLARATION |
| I certify that the information I have given in connection with this application is true and correct. I give my permission to Sistema Turismo s.r.l. 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: |