

Erasmus Plus

Key Action 1

Youth Exchange

2015-2-IT03-KA105-006178

“Cultural Makers”

 APPLICATION FORM

Personal data

Photo

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

 (Day) (Month) (Year)

Age: \_\_\_\_\_\_\_\_

Sex: male □ female □

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Card No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiring Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiring Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address

Street: Postal code:

Town: Country:

Mobile phone\*: E-mail:

|  |  |
| --- | --- |
| I am applying for | O Youth Exchange - Poggiardo - Lecce- Italy (06-15/11/2015) |

Person to notify in case of emergency

Name:

Relation to applicant: Street:

Postal code: Town:

County

Phone\*: Mobile phone\*:

E-mail:

\* (with international dialling codes + prefixes)

Medical

Do you have a medical condition that we should be aware of?

Do you have any specific dietary needs (allergy, intollerance, vegetarian, do you eat pork…)?

Other Informations

Please fill in the chart with yes or no

|  |  |  |
| --- | --- | --- |
| Do you need a Visa to come to Italy? |  Yes O | No O |
| Do you need an Invitation letter from our organization? |  Yes O | No O |
| Do you have a valid passport? |  Yes O | No O |
| Is the passport available 6 more months from now on? |  Yes O | No O |
| Do you smoke? |  Yes O | No O |
| Are you studying/did you study at the university? If yes wich faculty? |  |  |

Foreign language abilities (fluent = 1, good = 2, basic = 3, beginning = 4)

|  |  |  |  |
| --- | --- | --- | --- |
| foreign language | speaking | reading | writing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What is your native language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Project

|  |  |  |
| --- | --- | --- |
| Have you participated in any international activity? |  Yes O | No O |
| Have you participated in a Youth in Action/Erasmus plus project? |  Yes O | No O |
| If yes where? |  |  |
| Do you have any special skills (acting, playing instruments, painting, writing) |  Yes O | No O |
| If yes, which one? |  |  |
| Do you want to have fun in this project? |  Yes O | No O |
| If you would like to add anything please write here: |  |  |
| How did you find out about this project? |  |  |

Motivation and expectations

|  |  |
| --- | --- |
| Please describe your personal motivation for attending this Erasmus plus Project |  |
| What will you give to this international experience? |  |
| What are you expected to get from this project? |  |

Please write a short paragraph about yourself
(personal / practical skills, character, strong and weak points, etc…. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal summary

Privacy

I agree that, according to the D. Lgs. 196/2003, Jump In Organisation can handle my personal informations and use photo images and video taken during the project, with the institutional purpose of publicity on the web-site, blog, social-network, flyer, cards, video-documentary.

Place, date Signature