



ASSOCIAZIONE "E.in.E. L'EUROPA INCONTRA L'EUROPA"

LEONARDO DA VINCI PROGRAMME

PRO.LES.TOUR 2013-1-IT1-LE00-03633

APPLICATION FORM

SURNAME OF THE CANDIDATE

FIRST NAME OF THE CANDIDATE

.....
YEAR OF COMPETENCE

.....
DATE OF RECORD

.....
APPLICATION FOR A PROFESSIONAL TRAINING SCHEME IN (COUNTRY))

.....
DEADLINE PROJECT TIME



Associazione "E.In.E." - l'Europa incontra l'Europa

Sede Legale: Via Porara, 77 - 30035 Mirano (VE) - Italy - Cod. Fisc. 90120700274

Sede Operativa: Via Sterpete, 54 - 06034 Foligno (PG) - Italy

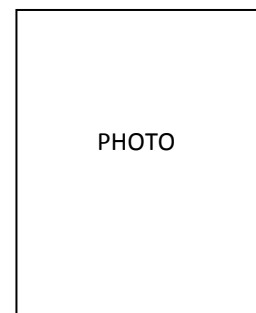
E info@associazione-eine.com - **W** www.associazione-eine.com - **T** 0039 377 5440370

1. PERSONAL DATA

Surname:
Forename:
Nationality:
Sex:
Country of Birth:
Actual Residence Location (City & Country):
Phone (Home):
E-mail (capital letters):

Marital Status:
Date of Birth:

Phone (Mobile):
@



2. CURRENT OCCUPATION

<input type="checkbox"/>	Long Term Employed	<input type="checkbox"/>	Temporarily Employed	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>	Redundant
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Recent Graduated	<input type="checkbox"/>	Student	<input type="checkbox"/>	Trainee

Please put a check mark next to your selected topic

3. ARE YOU NOW ATTENDING A SCHOOL, A COURSE, A TRAINING OR OTHER? Yes No

SPECIFY :

4. PROFICIENCY IN FOREIGN LANGUAGES (0. Unable to assess - 1. None - 2. Poor - 3. Satisfactory - 4. Good - 5. Fluent)

Languages	Oral Comprehension	Oral Expression	Written	Read	Languages	Oral Comprehension	Oral Expression	Written	Read
Italian					Finnish				
English					Swedish				
French					Portuguese				
German					Greek				
Spanish					Norwegian				
Other					Other				

5. PREVIOUS STAYS ABROAD

Country/ies	Purpose (Holidays – Work – Study – Training)	Founded by (Educational – Personal funds)	Long / Short Period (Days–Weeks–Months–Years)

6. DESTINATION COUNTRY

CHOICE :

Do you speak the language of the destination country Fluently Well Little No

Please put a check mark next to your selected topic;

7. EXPECTED GOALS FROM THE MOBILITY PROJECT ABROAD:

1)		4)	
2)		5)	
3)		6)	



8. TYPE OF BUSINESS AND ACTIVITY FOR THE TRAINING

1 st CHOICE SPECIFY:	
ROLE REQUIRED:	
2 nd CHOICE SPECIFY:	
ROLE REQUIRED:	
3 rd CHOICE SPECIFY:	
ROLE REQUIRED:	
4 th CHOICE SCEIFY:	
ROLE REQUIRED:	

9. KNOWLEDGE OF A HOSTING COMPANY IN IRELAND/SPAIN/France? YES NO

If Yes, specify:

10. MOTIVATIONS:

Outline briefly the reasons you would like to participate on this project: (ex. how the project relates to your language, professional, personal skills; future employment plans etc.)

Why this project is important or so significant for you?

.....

What opportunities can you see in the Mobility proposal?

.....

If you won't be a beneficiary in this Mobility Project, what are you planning to do? What alternatives are you considering?

.....

11. EUROPEAN UNION FUNDED PROJECTS

Have you ever participated on any European Union funded projects in the past? If yes, give details of the project type and year. YES NO

If yes, please specify details of the project type and year:

.....

12. COMPUTER SKILLS

What is your comfort level with computers in general? Confident & experienced Feel competent most of the time Sometimes nervous avoid the PC

Skill	Very Comfortable	Comfortable enough	Somewhat comfortable	Somewhat uncomfortable	Not comfortable
Basic computer skills					
Web skills					
E-mail skills					
Other software skills					
Other skills					

If you are competent with other computer programmes or skills, please explain in detail.

.....

13. PERSONALITY

Can you describe yourself? Are you

Flexible	Enterprising	Determined	Independent	Demanding	Dynamic
Sociable	Sensitive	Self-Confident	Hard Worker	Patient	Tenacious

.....



14. EMOTIONAL COMPETENCES

What are your own personal talents? 1) 2) 3) 4) 5)

What are your strenghts? 1) 2) 3) 4) 5)

What are your weaknesses? 1) 2) 3) 4) 5)

What work/career will you choose after the experience abroad? 1) 2) 3) 4)

What do you want to be doing in 5/10 years time? 1) 2) 3) 4)

15. PERSONAL HISTORY

Do you live with parents alone with partner any dependants?

What are your hobbies or interests?

Are you allergic? YES NO If yes, specify:
Are you vegetarian? YES NO
Do you have any dietary restrictions? YES NO
Would you accept any pets at home (Dog, cats, etc.)? YES NO
Do you smoke? Sometimes Frequently Never
Do you drink alcohol? Sometimes Frequently Never
Do you need specific medicine for any reason? YES NO

(If you answered yes to any of the above questions, please explain in detail. Attach additional sheets if necessary)

.....

Do you need a doctor frequently for any reason? YES NO
(If you answered yes to any of the above questions, please explain in detail. Attach additional sheets if necessary)

.....

Is there a job/activity you cannot perform due to health problems? YES NO
(If you answered yes to any of the above questions, please explain in detail. Attach additional sheets if necessary)

.....

16. EMERGENCY CONTACT

Name and Surname: Degree of relationship:
Phone: Mobile: E-mail:

17. DECLARATION OF RESPONSIBILITY

I, the Undersigned, declare that I have completed the application form of my own free will and all the above information is true. I accept full responsibility for incompleted answers or false information.

Location/ Date:..... Signed:

I, the Undersigned,..... take responsibility and knowledge about all the information above; I declare to be fully informed about the Italian Confidentiality Legislation Art. 13 del D. Lgs. 196/2003; I give my permission for the use of personal data to be distributed, comunicated and transfered abroad.

Location/ Date: Signed:.....

