

APPLICATION FORM

NAME: CELL PHONE NR:
 SURNAME/S: ALTERNATIVE PH NR
 DATE OF BIRTH:
 CITY OF BIRTH: WISHED DEPARTMENT:
 OFFICIAL NATIONALITY: NR WEEKS/MONTHS:
 EMAIL: PERIOD (from-to)

STUDIES INFORMATION

ACTUAL SCHOOL/UNIVERSITY:

SECTOR OF STUDIES:

PREVIOUS EDUCATION:

ANY COMMENTS?:

LANGUAGES	LEVEL (NOTHING- BASIC - INTERMMEDIATE – ADVANCED)	COMMENTS
MOTHER LANGUAGE		
SPANISH		
ENGLISH		
DUTCH		
FRENCH		
GERMAN		
RUSSIAN		
OTHER:		

WORK EXPERIENCE OR PRACTICES - 1

COMPANY:

SECTOR

DURATION:

OBSERVATIONS:

WORK EXPERIENCE OR PRACTICES- 2

COMPANY:

SECTOR:

DURATION:

OBSERVATIONS

ADDITIONAL INFORMATION**HOBBIES:****STRONG FACTORS OF YOUR PERSONALITY:****DO YOU HAVE ANY HEALTH ISSUES (ALLERGIES OR FOOD INTOLERANCES, ETC.? (YES/NOT) - WHICH?****WHY DO YOU CHOOSE GOING TO SPAIN/CATALONIA?****ARE YOUR PRACTICES MANDATORY? AND IN CASE YES, WHAT IS THE PERIOD THAT YOU ARE REALLY OBLIGATED?****DO YOU NEED A VISA FOR YOUR PRACTICES? / DO YOU HAVE VISA OR RESIDENCE IN EU?****MOTIVATION LETTER (recommended)**