



## PARTICIPANT APPLICATION FORM

\*\*Please complete the information below in English and please attach the following documents:

- Copy of your Passport (front and back)
- Copy of your CV in English in Europass Format: the CV shall be complete using the following link:  
<https://europass.cedefop.europa.eu/editors/en/cv/compose>
- Copy of the Letter of Motivation in English (please mention why you would like to participate to an Erasmus Plus Programme)

### PERSONAL INFORMATION

NAME AND SURNAME	
DATE AND PLACE OF BIRTH	
NATIONALITY	
SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>
CONTACT NUMBER	
ADDRESS	
CITY	
COUNTRY	
POST CODE	
EMAIL	
PASSPORT NUMBER AND EXPIRY DATE	
Do you have a driving license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any criminal convictions in any country? If yes, please, explain the reasons	YES <input type="checkbox"/> NO <input type="checkbox"/>



Which is your language level of the destination country? (Italian)	Basic <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Date of arrival	
Date of departure	
Duration of the training in weeks/days	1 week and 2 days (9 days in total including arrival and departure dates)

### WHO SHOULD WE CONTACT IF THERE IS AN EMERGENCY?

NAME AND SURNAME	
RELATIONSHIP	
CONTACT NUMBER	
ADDRESS	
CITY	
COUNTRY	
POST CODE	
EMAIL	

### YOUR HEALTH

Do you have any specific dietary requirements?	
Do you have any allergies/ medical conditions that you would like to mention?	
Do you consider yourself to have any disability? YES / NO If yes, please state if you have any special requirements to	



<b>complete your training?</b>	
<b>Do you smoke?</b>	
<b>Are you taking any regular medication?</b>	
<b>Are you receiving any medical treatment?</b>	
<b>Do you suffer of any sleep disorder? (Somnambulism, apnea, etc.)</b>	
<b>Have you recently had, or have you ever suffered from any illness or medical conditions?</b>	
<b>Please mention your blood group (highly important)</b>	

## **YOUR ACCOMMODATION**

During your stay, you will be responsible for any damages caused to the property, and will be expected to be considerate in leaving your accommodation as clean as possible.

I agree:

YES  NO

During your stay, you will be responsible for the safety and security of your own possessions, including your money, travel tickets, passport.

I agree:

YES  NO

## **Training in Rome**

Please answer all the questions

A) Which school education / degree do you have?



B) Have you had a vocational training before?

C) Why would you like to gain this training?

D) What are your expectations from this training programme?

E) Which professional experience do you already have?

F) Have you ever been abroad for an exchange programme or a practical training for a long/short period?

Declaration:

I declare that the statements made by me are correct to the best of my knowledge and belief.

I confirm that I have completed all relevant sections of this form.

I agree to share all my personal data information on this document according to the data protection laws.

Beneficiary's name and surname:

**Signature of beneficiary:**

Date and place: