**APPLICATION FORM**

**for taking part in EVS in:**

**ANAWOJ Association in Michałowo**

2015-1-PL01-KA110-023286

**1. Personal details**

|  |  |
| --- | --- |
|  |  |
| *Name* | *First name* |
|  |  |
|  |  |  |  |  |
| *Date of birth* | *Place of birth* | *Marital status* | *Children* | *nationality* |
|  |  |
|  |  |  |  |  |
| *Home telephone* | *Mobile telephone* | *fax* | *e-mail* | *WWW* |
|  |  |
|  |
| *Home address* |
|  |
|  |
| *Address for correspondence (if different)* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Number of passport* | *Emergancy contact details( Name and Telephone number)* |  |

**2. CV/ Education/ Employments...**

|  |
| --- |
| **Schools above primary level** |
| **School/university***(name)* | **period** | **Qualifications gained** |
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| --- |
| **Further courses, work experience** |
| **Type of course, place of work experience** | **Place** | **Period** | **Description** |
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| --- |
| **Paid work** |
| **Employer** | **Period** | **title, function** |
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| **Work in associations, foundations, as a volunteer…**  |
| **organisation** | **period** | **responsibilities** |
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**3. Languages**

|  |  |  |
| --- | --- | --- |
| **language** | **speaking** | **writing** |
| *ability from 1 (very basic) to 5 (fluent)* | *ability from 1 (very basic) to 5 (fluent)* |
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**4. Sending Organisation’s details:**

Please give us information about your Sending organisation in your home country

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| *Name of organisation* | *Address* | *Contact person/ Email* | *Number of EI* |

**5. Additional information**

|  |  |
| --- | --- |
| **Have you been prosecuted?** |  |
| **Do you have a driving licence?** |  |
| **Do you have continuous access to the internet?** |  |
| **Do you use a Wheel chair?** |  |
| **Do you have allergies, diabetes, do you require special medical care...?**  |  |
| **Did you ever require psychological care?** |  |
| **Does your physical / mental state require the care of a third person?** |  |
| **Is there anything else we should know about your health?** |  |
| **Have you ever taken part in EVS before?** |  |
| **In which project you would like to work? *(please give the EI number from database)*** |  |
| **For how long? *(max. 12 months)*** |  |
| **Your preferred date of starting the EVS?** |  |
| **In which kind of work you want to be involved?**  |  |

**6. Please give descriptive answers to the following questions..**

**Describe briefly your current situation (work, school, family): are you studying,**

**working or doing something else? How will you combine this with your EVS? Do you**

**have to leave school/job for your EVS project?**

**Please describe briefly your best work experience.**

**Have you ever participated in any of European Programme (Erasmus, Leonardo,**

**Socrates, Youth) or do you have already some international experiences such as**

**travels?**

**What do you find interesting in this project? How do you imagine the work to be and**

**how would you like to contribute?**

**Do you have any artistic skills? (for example playing instruments or visual arts skills)**

**Can you organize your work, and organize the events that would be given to you?**

**What are your expectations, fears and needs for your EVS project?**

**Why did you choose Poland for your EVS project?**

**Have you ever been living abroad?**