

# APPLICATION FORM

Please write in English.



SURNAME  FIRST NAME  As in ID.

MALE  FEMALE  OTHER

## RESIDENTIAL ADDRESS

STREET  POSTCODE  CITY  COUNTRY

## PERSONAL DETAILS

BIRTHDATE  CITIZENSHIP 1  CITIZENSHIP 2

E-MAIL  MOBILE PHONE  OCCUPATION

## EMERGENCY CONTACT

It must be a reachable relative or life partner.

NAME  MOBILE PHONE

RELATION  E-MAIL

LANGUAGES SPEAK WELL  SPEAK SOME

## REMARKS ON PHYSICAL HEALTH / MENTAL HEALTH / SPECIAL DIETARY RESTRICTIONS OR RELIGIOUS CONSIDERATIONS

## PAST VOLUNTEER EXPERIENCE (HOSTING ORGANISATION, COUNTRY, YEAR AND TYPE OF WORK)

How many courses or projects would you wish to participate in? 1  2  3  4

## COURSES / PROJECTS IN ORDER OF PREFERENCE

	CODE (Please refer to the Calendar)	TITLE / LOCATION	DATES
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

General availability timeframe Earliest starting day  Latest ending day

Minimal duration (in weeks)  Maximal duration (in weeks)

Do you require a visa to participate in the selected course(s) or project(s)? Yes  No

Do you need a visa to visit any of the Schengen countries? If yes, please specify. Yes  No

Do you need a visa to visit any of the non-Schengen countries which are hosting course(s) or project(s)? Yes  No

Are you considering using your participation for university-related benefits (e.g., credit points, thesis work, or study projects)? If yes, please specify. Yes  No

Are you considering applying for external funding to support your participation? Yes  No

If yes, please specify the funding source(s).

## GENERAL REMARKS

DATE

SIGNATURE