

## APPLICANT'S QUESTIONNAIRE

**SURNAMES:**

**NAME:**

**FORM:**

**PLACE AND DATE OF BIRTH:**

**NATIONALITY:**

**NIC/ PASSPORT N°:**

**FULL ADDRESS:**

**TELEPHONE:**

**MOBILE:**

**E-MAIL:**

**CONTACT PERSON IN SPAIN FOR EMERGENCIES:**

**TELEPHONE FOR EMERGENCIES:**

**HIGH SCHOOL:** I.E.S. Mar de Alboran, Estepona, Málaga  
**COURSE NAME:**

**WHICH COUNTRY WOULD YOU LIKE TO GO TO? WHY?**

- 1.
- 2.

**ARE ALL YOUR PAPERS IN ORDER TO TRAVEL ABROAD?** Please tick or cross where appropriate:

- Social Security Coverage: \_\_\_\_\_ (International SS Card N°): \_\_\_\_\_
- Valid NIC: \_\_\_\_\_ Valid Passport: \_\_\_\_\_

Can you cover for the expenses during your mobility abroad, according to the conditions of the Mobility programme? \_\_\_\_\_ How?

Own funding: \_\_\_\_\_ Family funding: \_\_\_\_\_ Others: \_\_\_\_\_  
School Grant: \_\_\_\_\_ (Specify): Beca 6000 \_\_\_\_\_ Beca Adriano: \_\_\_\_\_

**PROFESSIONAL QUESTIONNAIRE:**

1. Make a list of the professional tasks which you are able to and must carry out in your work placement. It is **COMPULSARY** to write a minimum of 5 and a maximum of 10.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

2. Type of companies in which you can develop your professional skills, in order of preference (for example: hotel, travel agency, information office) Write three if possible.

- 1.
- 2.
- 3.

4. Do you have any experience in your professional field? Please, explain.

5. What are your expectations from this experience?

6. Apart from your professional qualifications, why do you think you are suitable to take a work placement abroad?

### PERSONAL QUESTIONNAIRE:

1. Have you ever lived abroad? When, where, for how long?

2. At the moment I live (please, tick as appropriate):

On my own   with other students   with my family                      other

3. Do you have a driving license?                      Yes                      No

4. Do you smoke?    Yes                      No

5. Do you have any type of allergies?    Yes                      No    To what? \_\_\_\_\_

6. Do you have any health problems?    Yes                      No    Which?: \_\_\_\_\_

7. Are you currently following any medical treatment? Yes                      No    Which?: \_\_\_\_\_

8. Do you have any inconvenience to have pets in your place of accommodation?

Yes    No    Why?: \_\_\_\_\_

9. Are you a vegetarian?    Yes                      No

10. Do you have any special needs? Please, specify.

11. Comments:

When have completed the questionnaire, please send it to: [mframon342@maralboran.es](mailto:mframon342@maralboran.es)