

LEONARDO DA VINCI PROGRAMME

APPLICATION FORM



Please answer all questions as fully as possible.

All answers will be treated in strict confidence.

Personal details:

First name:

Last name:

Address:

Postcode:

Home Telephone:

Work/Mobile Tel.:

Email address:

Job/Occupation:

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Why do you want to participate in the Leonardo programme?

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Are you doing any job/activity at the moment?

In order to join the programme, we ask for a commitment of 10 weeks. Can you give us full guarantee that you will be available for all the 10 weeks of the programme?

List the two countries in which you would like to go, in order of preference.

Are you prepared to go to the second destination in your list, in case there are no scholarships available for the first one?

List three areas in which you would like to work abroad.

- 1.
- 2.
- 3.

Knowledge of the language spoken in the host country:

First choice language:

Spoken: beginner intermediate upper intermediate advanced

Written: beginner intermediate upper intermediate advanced

Listening: beginner intermediate upper intermediate advanced

Second choice language:

Spoken: beginner intermediate upper intermediate advanced

Written: beginner intermediate upper intermediate advanced

Listening: beginner intermediate upper intermediate advanced

What do you expect to achieve with the project?

Can you state your current health condition (allergies, illnesses or pathologies, etc.)?

Do you need any medical treatment?

Are you on a diet? Is there any food you can't eat?

Comments