**Student application form**

**ANNEX: PLACEMENT INFORMATION**

To be filled and submitted once the application is accepted. This information will be used to match the student with a suitable host family and to organise the travel.

**Name of the student:**

|  |
| --- |
|  |

**Medical requirements and health restrictions**

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

|  |  |  |
| --- | --- | --- |
| 🞎 Yes | 🞎 No |  |
| If yes, please explain and specify if any aids, adaptations or special assistance will be required: | | | | |

I CANNOT live with:

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 Cats | 🞎 Dogs | Other pets: |  |

**Dietary requirements**

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

|  |  |  |
| --- | --- | --- |
| 🞎 Yes | 🞎 No |  |
| If yes, please explain: | | | | |

If you are a vegetarian, are you willing to eat:

|  |  |  |
| --- | --- | --- |
| 🞎 Fish | 🞎 Poultry | 🞎 Dairy products |

**Smoking**

Do you smoke?

|  |  |
| --- | --- |
| 🞎 Yes | 🞎 No |

Must you be hosted in a non-smoking home?

|  |  |
| --- | --- |
| 🞎 Yes | 🞎 No |

**Other**

Are there any other aspects that need to be considered in order to match the pupil with a suitable host family?

|  |  |  |
| --- | --- | --- |
| 🞎 Yes | 🞎 No |  |
| If yes, please explain: | | | | |

**INFORMATION FOR travel purposes**

|  |  |
| --- | --- |
| DATE OF BIRTH |  |
| CITY OF BIRTH |  |
| COUNTRY OF BIRTH |  |
| NATIONALITY |  |
| PASSAPORT/ID |  |
| NUMBER |  |
| DATE OF ISSUE |  |
| PLACE OF ISSUE |  |
| EXPIRATION DATE |  |

**Candidate photos**

Please attach a page with some photos of you, your friends and family. You may add more pages if you like.

**Introductory letter**

Please attach an introductory letter in the language of communication between your school and the host school. This letter will be forwarded to the host school and the host family.

**Signatures**

|  |
| --- |
| I, the undersigned, allow the sending school to communicate the personal data contained in this form to the host school and the host family for the purposes of the planned Erasmus+ long-term Individual Student Mobility. These data will also be communicated to the partner organisations of the project consortium. All those people receiving these data will be required to treat them as confidential.  Name(s) and signature(s) of parent(s)/guardian(s) (Date)    Name and signature of student (Date) |